Department of Veterans Affairs

Capital Asset Realignment for Enhanced Services

VISN 10

Market Plans

Attention

The VISNs developed the initial CARES Market plans under direction from the National CARES Program Office (NCPO). After these were submitted by the VISN, they were utilized as the basis for the National CARES Plan. However, the CARES National Plan includes policy decisions and plans made at the National Level which differ from the detailed Network Market Plans. Therefore, some National policy decisions that are in the National Plan are not reflected in the Network Market Plans. These initial VISN Market Plans have detailed narratives and data at the VISN, Market and Facility level and are available on the National CARES Internet Site : <<http://www.va.gov/CARES/>>.

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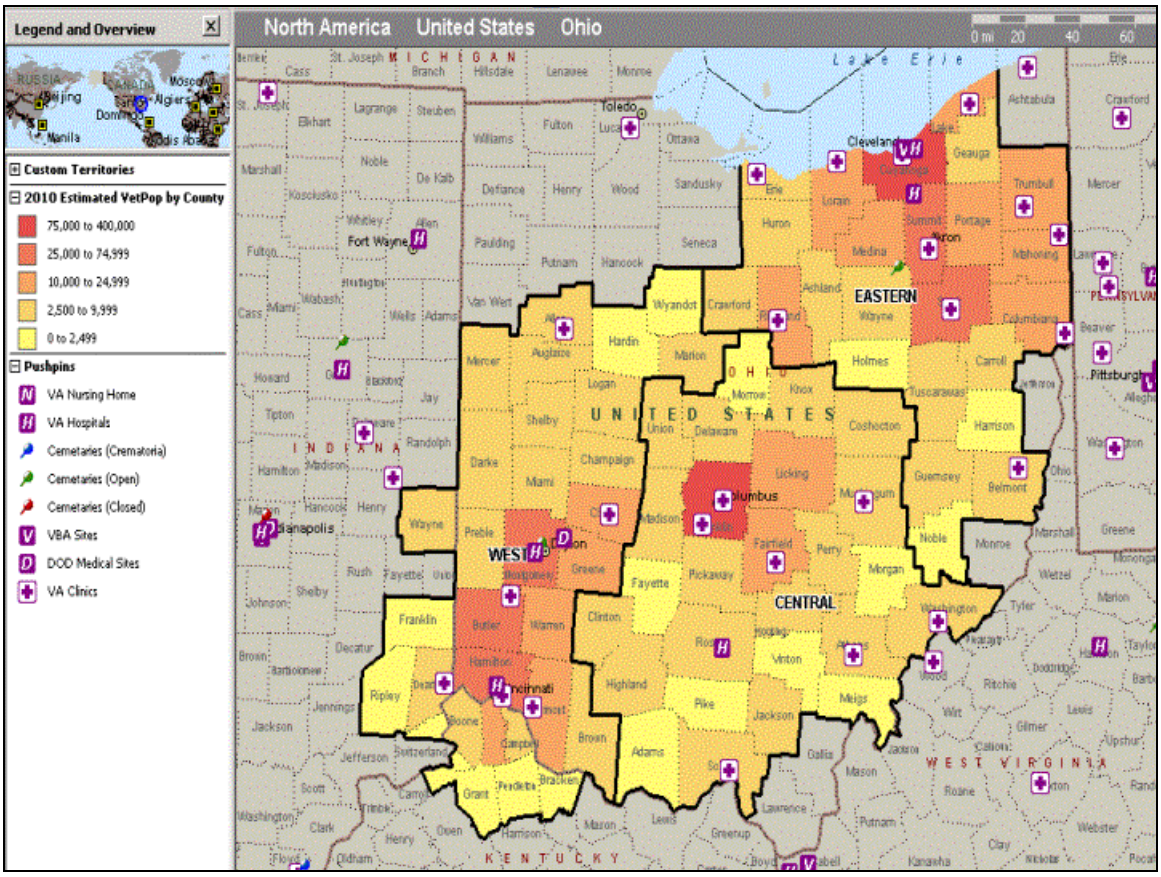
I. VISN Level Information

A. Description of the Network/Market/Facilities

1. Map of VISN Markets



2. Market Definitions

Market Designation: VISN 10 is prosing 3 CARES Markets.

Market	Includes	Rationale	Shared Counties
Central Code: 10A Columbus Independent Outpatient Clinic and the Chillicothe VA Medical Center and CBOCs	**26 Total Counties** in Central Ohio	The Central Market consists of 26 counties (22 rural and 4 urban). In determining this market we utilized the maps provided by the VSSC, the VISN 10 County Civilization Population report, and the 2001 Distributed Population Basis Model. We also applied the criteria given for urban and rural access to hospital and primary care in determining the market. The counties included in this market were based initially on the data provided in the DPPB model. This gave us the initial indication of the referral patterns of our veteran population. We discussed three of the counties (Wyandot, Hardin, and Marion) where the majority of the care being provided was given by our Outpatient Clinic in Columbus. To address the needs of these three counties in the Northwest area of our VISN, we decided to align these three counties with our Western market where we presently have a CBOC in a bordering county. We then applied the access criteria given, by doing this we were able to determine whether the efforts of geographic partnering we had begun a year ago between Columbus and Chillicothe continued to make sense. We also looked at our projected veteran population and projected enrolled populations.	There are no border counties within this market.

Market	Includes	Rationale	Shared Counties
Eastern Code: 10B Cleveland VA Medical Centers and CBOCs	**24 Total Counties** in Eastern Ohio,	The Eastern Market consists of 24 counties (10 rural and 14 urban). In determining this market we utilized the maps provided by the VSSC, the VISN 10 County Civilization Population report, and the 2001 Distributed Population Planning Basis Model. We also applied the criteria given for urban and rural access to hospital and primary care in determining the market. The counties included in this market were based initially on the data provided in the DPPB model. This gave us the initial indication of the referral patterns of our veteran population.	Within the Eastern market there are 9 counties that border VISN 4 and 3 counties that border VISN 11. We provide the majority of care in 5 of these counties that border VISN 4. The number of enrolled and projected veterans in two counties (Belmont and Harrison) that we do not provide the majority of care is low. In the counties that border VISN 11 we provide the majority of care. We have had discussions with both VISN 4 & 11 and it was decided each VISN would plan for the counties that are within their market.
West Code: 10C Cincinnati VA Medical Centers and CBOCs, and Dayton VA Medical Center and CBOCs	**32 Total Counties in Indiana and Western Ohio**	The Western Market consists of 32 counties (19 rural and 13 urban). In determining this market we utilized the maps provided by the VSSC, the VISN 10 County Civilization Population report, and the 2001 Distributed Population Basis Model. We also applied the criteria given for urban and rural access to hospital and primary care in determining the market. The counties included in this market were based initially on the data provided in the DPPB model. This gave us the initial indication of the referral patterns of our veteran population. As discussed above we then decided to realign 3 counties to this market. We then applied the	Within the Western Market there are 18 counties that border other VISNs. In all cases we provide the majority of care. We have had discussions with both VISN 9 & 11 and it was decided each VISN would plan for the counties that are within their market.

Market	Includes	Rationale	Shared Counties
		access criteria given, by doing this we were able to determine whether the efforts of geographic partnering we had begun a year ago between Cincinnati and Dayton continued to make sense. We also looked at our projected veteran population and projected enrolled populations.	

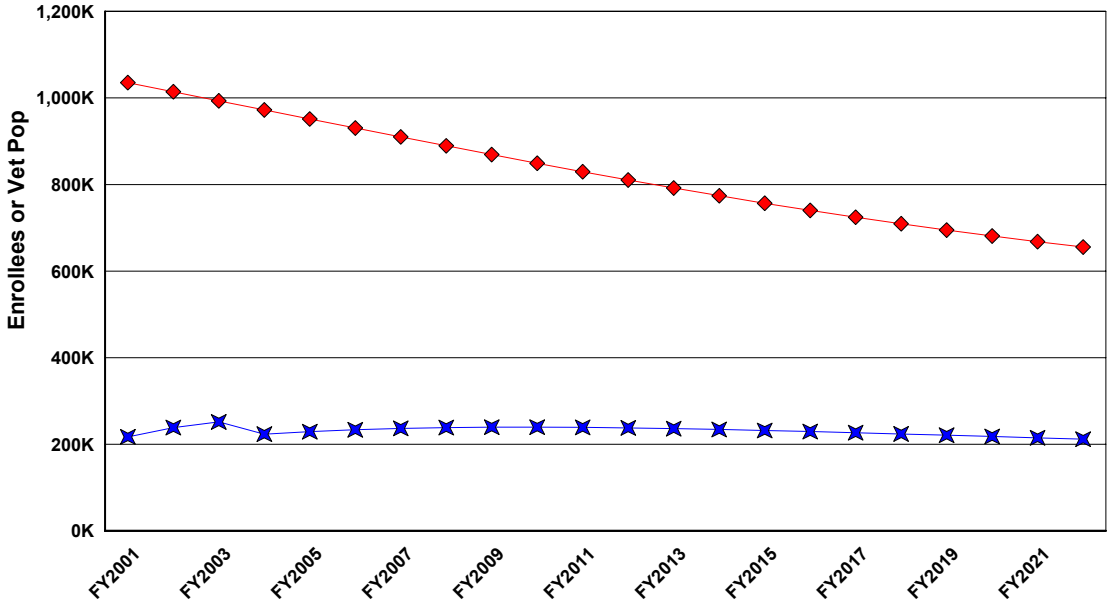
3. Facility List

VISN : 10				
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**
Chillicothe				
538 Chillicothe	✔	✔	-	-
538GA Athens	✔	-	-	-
538GB Portsmouth	✔	-	-	-
538GC Marietta	✔	-	-	-
538GD Lancaster	✔	-	-	-
New Cambridge CBOC	✔	-	-	-
Cincinnati				
539 Cincinnati	✔	✔	✔	-
539A Cinncinnati/Ft. Thomas	-	-	-	✔
539GA Bellvue	✔	-	-	-
539GB Cincinnati (Clermont County)	✔	-	-	-
539GC Lawrenceburg (Dearborn County)	✔	-	-	-
New Fairfield Hamilton	✔	-	-	-
New Dry Ridge	✔	-	-	-
Cleveland - Brecksv.				
541A0 Cleveland-Brecksv.	✔	-	-	-
541GB Lorain	✔	-	-	-
541GD Mansfield	✔	-	-	-
541GE McCafferty	✔	-	-	-
541GF Painesville	✔	-	-	-
541GG Akron	✔	-	-	-
541GH East Liverpool	✔	-	-	-
541GI Warren	✔	-	-	-
Cleveland- Wade Park				
541 Cleveland-Wade Park	✔	✔	✔	-
541BY Canton	✔	-	-	-
541BZ Youngstown	✔	-	-	-

541GC Sandusky	✔	-	-	-
New New Philadelphia	✔	-	-	-
New Ravena	✔	-	-	-
Columbus				
757 Columbus	✔	-	-	-
757GA Zanesville	✔	-	-	-
757GB Grove City (Franklin County)	✔	-	-	-
New Newark CBOC	✔	-	-	-
Dayton				
552 Dayton	✔	✔	✔	-
552GA Middletown	✔	-	-	-
552GB Lima	✔	-	-	-
552GC Richmond	✔	-	-	-
552GD Springfield	✔	-	-	-
New Marion	✔	-	-	-
Columbus Specialty Center				
New Columbus Specialty Center	✔	✔	-	-

4. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



5. Planning Initiatives and Collaborative Opportunities

a. Effective Use of Resources

Effective Use of Resources		
PI?	**Issue**	**Rationale/Comments Re: PI**
N	Small Facility Planning Initiative	No facility in this VISN is projected to have fewer than 40 beds in FY 2012 and FY 2022.
Y	Proximity 60 Mile Acute	The VISN is requested to consider mission changes and/or realignment of acute hospital care facilities that fall within the 60 mile proximity standard. Affected facility pairs include: - Cincinnati to Dayton (54 miles)
Y	Proximity 120 Mile Tertiary	The VISN is requested to consider mission changes and/or realignment of tertiary care facilities that fall within the 120 mile proximity standard. Affected facility pairs include: - Cincinnati to Dayton (54 miles) - Cincinnati to Lexington-Cooper Drive -VISN 9 (82 miles) - Cincinnati to Louisville-VISN 9 (100 miles) - Cincinnati to Indianapolis-VISN 11 (110 miles) - Dayton to Indianapolis-VISN 11 (107 miles).
Y	Vacant Space	All VISNs will need to explore options and develop plans to reduce vacant space by 10% in 2004 and 30% by 2005.

b. Special Disabilities

Special Disabilities Programs		
PI?	**Special Disabilities Program**	**Rationale/Comments**
N	Blind Rehabilitation	Establish Visual Impairment Services Outpatient Program (VISOR). In addition, plan for low vision care clinics at tertiary facilities.

c. Collaborative Opportunities

Collaborative Opportunities for use during development of Market Plans		
CO?	**Collaborative Opportunities**	**Rationale/Comments**
Y	Enhanced Use	Consolidate activities of Wade Park and Brecksville at Wade Park (via major construction); enhance-use lease Brecksville property
N	VBA	There is no potential opportunity for VBA/VHA collaboration identified at this time.
Y	NCA	There is a potential opportunity for NCA/VHA collaboration found in the Central (VAMC Chillicothe, OH - New second site) Market for review and analysis. Consider this potential opportunity in the development of the Market Plan.
Y	DOD	There are potential opportunities for VA/DoD collaboration in the following locations: - Wright-Patterson AFB and VAMC Dayton

d. Other Issues

Other Gaps/Issues Not Addressed By CARES Data Analysis		
PI?	**Other Issues**	**Rationale/Comments**
	List gaps/issued raised by VISNs	
Y	Consolidate activities of Wade Park and Brecksville at Wade Park (via major construction); enhance-use lease Brecksville property.	Cleveland VAMC is dual-division medical center with two, large, antiquated physical plants. Major renovation projects have been submitted for both divisions over the past two Capital Investment Cycles (Brecksville in FY02 and Wade Park for the FY03 cycle), neither of which was funded. The Brecksville project included renovation of all patient care areas and included many special emphasis programs (PTSD, blind rehab, SCI, seriously mentally ill). For the FY04 Capital Investment Cycle, a proposal to combine the two medical centers has been proposed. This project is a $99 million project that will relocate all Brecksville Division patient care and administrative activities at the Wade Park Division. This project is expected to comply with the findings of the Capital Asset Realignment for Enhanced Services (CARES) and has a less than ten year payback as determined by a comprehensive cost-benefit analysis. If this project is funded in for FY 04, construction will occur through FY07.This project is expected to improve patient environment, reduce operational overheard, and achieve space saving performance standard. It also provides an Enhanced Use opportunity for the Brecksville Division.

e. Market Capacity Planning Initiatives

Central Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Primary Care	Population Based *	139,096		36,641	**26%**	12,864	**9%**
	Treating Facility Based **	138,936		30,330	**22%**	6,407	**5%**
Specialty Care	Population Based *	100,324		69,180	**69%**	53,051	**53%**
	Treating Facility Based **	81,995		78,808	**96%**	62,760	**77%**
Medicine	Population Based *	14,715		5,025	**34%**	1,638	**11%**
	Treating Facility Based **	10,700		3,094	**29%**	662	**6%**

Eastern Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Primary Care	Population Based *	232,242		138,070	**59%**	66,875	**29%**
	Treating Facility Based **	235,964		124,104	**53%**	56,583	**24%**
Specialty Care	Population Based *	172,917		194,306	**112%**	137,433	**79%**
	Treating Facility Based **	170,284		182,292	**107%**	129,244	**76%**
Medicine	Population Based *	22,218		23,934	**108%**	13,676	**62%**
	Treating Facility Based **	22,224		22,494	**101%**	12,648	**57%**

Western Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Primary Care	Population Based *	168,257		69,267	**41%**	37,667	**22%**
	Treating Facility Based **	178,941		77,145	**43%**	42,721	**24%**
Specialty Care	Population Based *	150,739		81,102	**54%**	59,857	**40%**
	Treating Facility Based **	171,239		77,472	**45%**	54,499	**32%**

* – Population Based: Sum of the workload demand based on where the enrollee lives. Sum of the workload projections for the enrollees living in the counties geographically located in the Market. This is not necessarily where they go for care.

** – Treating Facility Based: Sum of the workload demand based on where the enrollee goes for care. Sum of the facility data for the facilities geographically located in the Market. (Due to the traffic or ever referral patterns, the population based and treating facility projections will not match at the market level, although nationally they will be equal)

*** – Modeled data is the Consultants projection based on what the workload **would have been if adjusted for community standards**.

6. Stakeholder Information

Summary narrative on key stakeholder issues by Market, and how the comments/concerns were incorporated in the Market Plan.

Stakeholder Narrative:

Market specific stakeholder communications are summarized on the CARES portal.

VA Healthcare System of Ohio
Stakeholder Narrative

The VA Healthcare System of Ohio (VISN 10) has been very proactive in communicating the CARES process. VISN 10 began discussing the CARES process with stakeholders with establishment of the initial directive guiding the process during Phase 1. VISN 10 had been identified as one of seven networks to participate in Phase 2, prior to a decision to extend the process to the remaining 20 VISNs at the same time. This proactive approach to early identification and explanation of the components of the CARES process for all stakeholders has facilitated communication and participation of stakeholders in development of our planning initiatives and ultimately a VISN 10 Market Plan.
A variety of methods have been utilized for stakeholder communication and involvement, both at the Market and VISN level. These include, but are not limited to the following:

- Town Hall Meetings (at facility & VISN level)
- Veterans Service Organization Meetings
- Network Management Assistance Council (MAC) meetings
- Local and Network-wide publications (newsletters, CARES bulletins, local media, etc.)
- Market and VISN level Congressional briefings
- Bulletin board postings, web-site (internet) postings, and electronic mailings

A Congressional briefing for Congressional Representatives for the VA Healthcare System of Ohio, their staff, and members of the House Veterans Affairs Committee (HVAC) Committee Chairs and staff is scheduled for April 25, 2003 in the Cannon House Office Building in Washington, D.C.

7. Collaboration with Other VISNs

Summary narrative of collaborations with neighboring VISNs, and result of collaborations. Include overview of Proximity issues across VISNs.

Collaboration with Other VISNs Narrative:

In development of CARES service delivery options there were discussions and data review and analysis conducted with VISN's 9 and 11. A tertiary proximity issue existed and involved discussions between VISN 9 and 11. Overlap of the 120 mile criteria existed between the Indianapolis (VISN 11), Cincinnati and Dayton(VISN 10) and Louisville and Lexington (VISN 9)medical centers. Individual discussions were held with planning staff at both VISN 9 and 11 and a joint conference call between all three networks was held to review criteria, opportunities for collaborations as well as identify any potential barriers. Historic tertiary workload shifts between the facilities have been minimal and none of the sites identified capacity to consolidate workload. Within VISN 10, Cincinnati and Dayton are reviewing opportunities to integrate/collaborate clinical and administrative services. Currently in our Eastern market, the Cleveland VAMC provides Cardiac Care for adjacent networks.

B. Resolution of VISN Level Planning Initiatives

1. Proximity Planning Initiatives (if appropriate)

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

Proximity Narrative:

These two facilities provide exceptional care to the veterans served throughout the Western Market. Currently, the Western Market is meeting the CARES access guidelines with 83% of Primary Care, 93% of Hospital Care and 100% of Tertiary Care patient care needs being met. The greatest population of veterans for Cincinnati and Dayton are located in Hamilton and Montgomery Counties, which denotes two distinct metropolitan populations. With these different populations, the Western Market is limited to options that can be pursued. Closing either of there facilities would have a tremendous negative impact on the affiliation with the local medical educational programs, as well as a negative impact on the surrounding community's economy.

Alternative Option #D: Consolidating and Integrating Selected Services

The Network's principle objective and alternative of choice is "Option D", which is maintaining both facilities, but consolidating and integrating services. Network Review teams have been established to develop action plans and viable options that are cost effective and expand opportunities for our veterans. After a thorough review, the consolidation and integration areas consist of Invasive Cardiology, Hemodialysis, Joint Replacement Surgery, Vascular Surgery, Neurosurgery, Interventional Radiology, Laboratory Service, Rheumatology, Eye Surgery/Vitrectomy, MOHS Surgery, Food Service, Laundry, and selected administrative services. The Network is working diligently to evaluate the numerous alternatives to establish an implementation plan for the CARES process.

Alternative Option #B: Maintain one VAMC within the Western Market

After reviewing option B, this option is not a viable solution for consideration for the Western Market. The market only meets the access guidelines if both facilities are maintained operational. There are two distinct metropolitan populations served by these two facilities, which have distinctly different missions. The FY 2001 DPPB Utilization information indicates that 4990 unique veterans used either VAMC. The total number of uniques treated by these two facilities is in excess of 58,000, indicating that a large number of veterans would be adversely affected with the closure of one of these facilities. Combining the workload of the two facilities at

either location would not be feasible based on the increasing demands projected. Since 1984 nine hospitals have closed within this market, restricting the number of available beds. Closure of either facility runs the risk of having too few hospital beds for the population within the market, further restricting access to hospital care for veteran patients. Closing either of these facilities would have a devastating effect on an already declining economy in either community, since medical care is the third highest contributor to the local economies.

The collaboration between the VA facilities and their affiliates is crucial to survival of each to include their associated teaching programs, because of their differing missions. Wright State University was one of five medical schools formed under the 1973 VA Medical School Assistance and Health Manpower Training ACT, and would thus require an act of Congress to change. Closing the Dayton VAMC would also severely impact the Dayton Community and it large veteran population. Since the recent closing of one of Dayton's hospitals, the Level I Regional Trauma Center and emergency department at the Miami Valley Hospital has been the busiest in the state, with 90,000 visits per year. Dayton's emergency departments are frequently so crowded that patients are rerouted to other hospitals. Closing the Dayton VAMC facilities could only exacerbate this already critical problem and create access and quality of care issues for the region's large veteran population.

2. Special Disability Planning Initiative (if appropriate)

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

Your analysis should include the following:

1. Describe the impact that the planning initiative will have on the mandated funding levels for special disability programs:
    - SCI
    - Blind Rehab
    - SMI
    - TBI
    - Substance Abuse
    - Homeless
    - PTSD
2. Discuss how the planning initiative may affect, complement or enhance special disability services.
3. Describe any potential stakeholder issues revolving around special disabilities related to the planning initiative.

Special Disability Narrative:

Blind Rehabilitation:

The Health Care System of Ohio (Network 10) provides comprehensive care to its visually impaired and blind veterans along a continuum of care model. Veterans with "low vision" may be referred for low vision optometry exams within the Network. Three Visual Impairment Services Team (VIST) Coordinators cover the eastern, central and western markets evaluating legally blind veterans along with a Blind Rehabilitation Outpatient Specialist (BROS) services the Cleveland area. Patients in need of comprehensive blind rehabilitation are referred to the Hines Blind Rehabilitation Center.

Mental Health:

Network 10 MHCL has been and will remain active in providing mental health services at our CBOCs. As a matter of Network policy, all of our 23 current Community Based Outpatient Clinics include a substantial mental health presence. We are committed to assuring the continuation of these services. Network 10's Mental Health in CBOCs Plan received the highest rating among the other VISNs. To offer mental health evidence-based practices in the community, substantive

staffing is required. The Assistant Deputy Undersecretary highlighted adequate staffing as one of NETWORK 10's major strengths. Offering intensive case management services and family education at the CBOCs are two examples of evidence-based initiatives that have been labeled "best practices" and presented at National Conferences.

CAPACITY FOR SPECIAL POPULATIONS: Network 10 exceeded the Exceptional goals for the number of individual receiving treatment in the MH specialty service in FY02 in order to meet PL107-135.

Spinal Cord Injury:

In the last two years, a re-designed plan for Spinal Cord Injury/Dysfunction (SCI/D) Services has been developed and includes a revised plan for SCI/D services. This plan includes SCI Primary Care, transition care, SCI/D extended care, and outcome measures. The Network's goals are to increase access and develop community-based service options. In an effort to improve the SCI program, the Eastern Market renovated the Spinal Cord Injury Unit located at the Cleveland VAMC, which serves as a model for program enhancements and innovations within the VA system. The Network will continue to develop opportunities to strengthen the Network's SCI/D programs, for example with the consolidation of Brecksville to the Wade Park Division the Network plans to add an additional 20 LTC SCI beds. In an effort to improve, the VA Center of Excellence in Functional Electrical Stimulation is a major joint venture involving VAMC Cleveland, Case Western Reserve University, Cuyahoga County, the Edison Biotechnology Center and the State of Ohio. The focus of this joint venture is on the development of devices to assist motor function in spinal cord injury patients. The Network has also implemented VISN-wide guidelines for the establishment of Wheelchair Clinic criteria at all five facilities. VHA has recognized Centers of Excellence within our Network in the areas of Seriously Mentally Ill (VISN-wide), Spinal Cord Injury (SCI), and Cardiac Surgery.

Traumatic Brain Injury:

Currently, there is no one center in the Network that has all the resources needed to treat TBI patients. Patients are treated on an individualized basis, since there no one facility that can treat all aspects of care for the TBI patient. Patients are often stabilized and a determination is made to refer for additional treatment in the TBI setting, such as the Hines VA program.

C. VISN Identified Planning Initiatives

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria. (See Chapter 5 Attachment 3 guidebook and Market Plan handbook.)

Your analysis should include the following:

1. List all of the VISN PIs and provide a short summary. Post the entire summary documentation on the portal.

VISN Planning Initiatives Narrative:

See Detailed Narrative

VISN 10 Identified Planning Initiative (Cleveland Consolidation)

Assessment of Current Environment

Cleveland VAMC is dual-division medical center with two, large, antiquated physical plants. Major renovation projects have been submitted for both divisions over the past two Capital Investment Cycles (Brecksville in FY02 and Wade Park for the FY03 cycle), neither of which was funded. The Brecksville project included renovation of all patient care areas and included many special emphasis programs (PTSD, blind rehab, SCI, seriously mentally ill). For the FY04 Capital Investment Cycle, a proposal to combine the two medical centers has been proposed. This project is a $99 million project that will relocate all Brecksville Division patient care and administrative activities to the Wade Park Division. This project is expected to comply with the findings of the Capital Asset Realignment for Enhanced Services (CARES) and has a less than four year payback as determined by a comprehensive cost-benefit analysis. If this project is funded in for FY 04, construction will occur through FY 07.

This project will consolidate and collocate all clinical and administrative functions of a two divisional medical center at the Wade Park Division. This project will require new construction of 500,730 square feet and renovation of existing space at the Wade Park Division of 140,400 square feet. This project requires the sale of 102 acres at the Brecksville Division and enhanced lease of property adjacent to the Wade Park Division. The cost savings of this project are anticipated to exceed $24 million annually (with first year savings of $32 million) and the quality of clinical care will be significantly enhanced to the more than 70,000 veterans that receive care at these medical centers annually.

Additionally, the potential consolidation of VHA and VBA will promote a One VA through efficient processing of VBA claims requiring medical support from the VHA for the more than 500,000 veterans residing in Northern Ohio. This improves the patient care environment, reduces overhead costs, and is in line with the space savings performance standards of CARES.

D. VISN Level Data Summary of Post Market Plan (Workload, Space, & Costs)

1. Inpatient Summary

a. Workload

	BDOC Projections (from demand)			FY 2012 Projection (from solution)		FY 2022 Projection (from solution)		
INPATIENT CARE	Baseline FY 2001 BDOC	FY 2012 BDOC	FY 2022 BDOC	In House BDOC	Other BDOC	In House BDOC	Other BDOC	Net Present Value
Medicine	58,622	90,121	72,627	77,012	13,423	61,498	11,391	$ 44,461,379
Surgery	26,375	29,488	23,150	23,476	6,050	17,505	5,678	$ 2,492,317
Psychiatry	71,784	81,674	66,732	70,211	12,333	61,848	5,618	$ 117,656,637
PRRTP	8,085	8,085	8,085	8,085	-	8,085	-	$ (8,488,057)
NHCU/Intermediate	457,237	457,237	457,237	250,118	207,119	250,118	207,119	$ 33,258,636
Domiciliary	132,282	132,282	132,282	132,282	-	132,282	-	$ (3,738,489)
Spinal Cord Injury	9,906	9,906	9,906	9,906	-	9,906	-	$ -
Blind Rehab	-	-	-	-	-	-	-	$ -
Total	**764,291**	**808,794**	**770,019**	**571,090**	**238,925**	**541,242**	**229,806**	**$ 185,642,423**

b. Space

	Space Projections (from demand)			Post CARES (from solution)		
INPATIENT CARE	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Medicine	123,537	227,169	182,418	206,011	164,395	$ 44,461,379
Surgery	53,957	53,882	42,440	44,193	32,977	$ 2,492,317
Psychiatry	63,861	132,164	107,994	113,742	100,194	$ 117,656,637
PRRTP	34,316	38,485	38,485	38,485	38,485	$ (8,488,057)
NHCU/Intermediate	293,477	416,475	416,475	416,472	416,472	$ 33,258,636
Domiciliary	142,277	156,763	156,763	152,071	152,071	$ (3,738,489)
Spinal Cord Injury	23,200	23,200	23,200	23,200	23,200	$ -
Blind Rehab	-	-	-	-	-	$ -
Total	**734,625**	**1,048,138**	**967,775**	**994,174**	**927,794**	**$ 185,642,423**

2. Outpatient Summary

a. Workload

	Clinic Stop Projections (from demand)			FY 2012 Projection (from solution)		FY 2022 Projection (from solution)		
Outpatient CARE	Baseline FY 2001 Stops	FY 2012 Stops	FY 2022 Stops	In House Stops	Other Stops	In House Stops	Other Stops	Net Present Value
Primary Care	553,839	785,418	659,551	670,211	132,053	586,334	87,297	$ (71,884,220)
Specialty Care	423,516	762,087	670,018	686,616	91,594	605,893	78,462	$ (96,161,250)
Mental Health	526,286	531,588	526,230	495,165	68,122	489,858	66,403	$ 110,270,703
Ancillary& Diagnostic	589,524	1,000,847	926,336	869,599	161,992	810,215	144,498	$ (111,726,854)
Total	**2,093,166**	**3,079,940**	**2,782,135**	**2,721,591**	**453,761**	**2,492,300**	**376,660**	**$ (169,501,621)**

b. Space

	Space Projections (from demand)			Post CARES (from solution)		
Outpatient CARE	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Primary Care	264,902	379,978	320,251	361,276	318,197	$ (71,884,220)
Specialty Care	297,573	831,346	731,734	801,025	706,386	$ (96,161,250)
Mental Health	208,609	280,874	278,057	276,193	273,249	$ 110,270,703
Ancillary& Diagnostic	357,481	660,293	609,759	616,030	575,443	$ (111,726,854)
Total	**1,128,565**	**2,152,491**	**1,939,801**	**2,054,524**	**1,873,275**	**$ (169,501,621)**

3. Non-Clinical Summary

	Space Projections (from demand)			Post CARES (from solution)		
NON-CLINICAL	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Research	118,224	118,224	118,224	395,889	638,825	$ (161,288,190)
Admin	1,232,811	1,873,614	1,711,360	1,705,130	1,690,550	$ (138,827,932)
Outleased	343,677	343,677	343,677	466,809	509,987	N/A
Other	269,817	269,817	269,817	171,427	171,427	$ (16,663,416)
Vacant Space	332,125	-	-	609,984	601,334	$ 293,278,933
Total	**2,296,654**	**2,605,332**	**2,443,078**	**3,349,239**	**3,612,123**	**$ (23,500,605)**

II. Market Level Information

A. Central Market

1. Description of Market

a. Market Definition

Market	Includes	Rationale	Shared Counties
Central Code: 10A Columbus Independent Outpatient Clinic and the Chillicothe VA Medical Center and CBOCs	26 Total Counties in Central Ohio	The Central Market consists of 26 counties (22 rural and 4 urban). In determining this market we utilized the maps provided by the VSSC, the VISN 10 County Civilization Population report, and the 2001 Distributed Population Basis Model. We also applied the criteria given for urban and rural access to hospital and primary care in determining the market. The counties included in this market were based initially on the data provided in the DPPB model. This gave us the initial indication of the referral patterns of our veteran population. We discussed three of the counties (Wyandot, Hardin, and Marion) where the majority of the care being provided was given by our Outpatient Clinic in Columbus. To address the needs of these three counties in the Northwest area of our VISN, we decided to align these three counties with our Western market where we presently have a CBOC in a bordering county. We then applied the access criteria given, by doing this we were able to determine whether the efforts of geographic partnering we had begun a year ago between Columbus and Chillicothe continued to make sense. We also looked at our projected veteran population and projected	There are no border counties within this market.

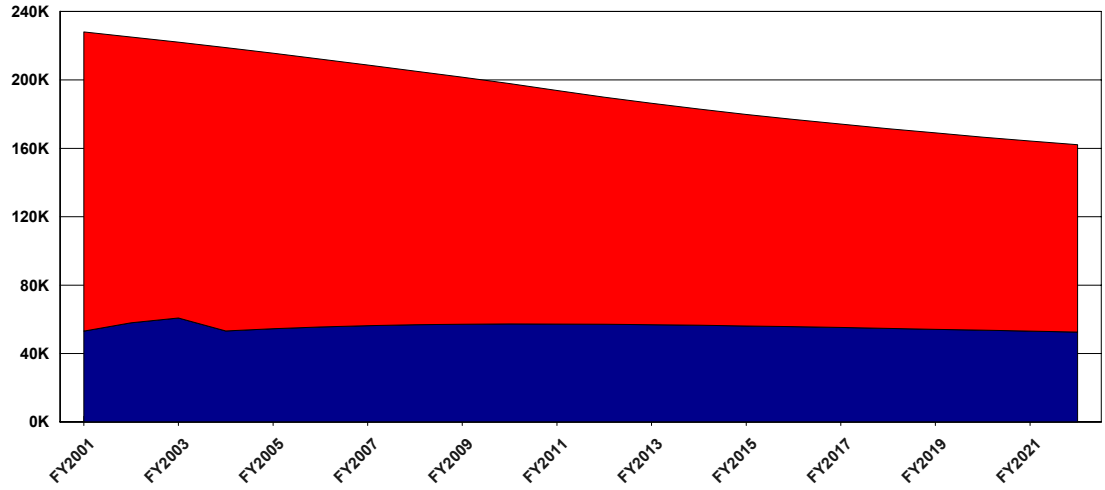
Market	Includes	Rationale	Shared Counties
		enrolled populations.	

b. Facility List

VISN : 10				
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**
Chillicothe				
538 Chillicothe	✓	✓	-	-
538GA Athens	✓	-	-	-
538GB Portsmouth	✓	-	-	-
538GC Marietta	✓	-	-	-
538GD Lancaster	✓	-	-	-
New Cambridge CBOC	✓	-	-	-
Columbus				
757 Columbus	✓	-	-	-
757GA Zanesville	✓	-	-	-
757GB Grove City (Franklin County)	✓	-	-	-
New Newark CBOC	✓	-	-	-
Columbus Specialty Center				
New Columbus Specialty Center	✓	✓	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Central Market			Februrary 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
	Access to Primary Care (58,060 enrollees)					
Y	Access to Hospital Care (58,060 enrollees)	A significant gap was found in access to care. This Market area fell short by 39.4% and 35,342 enrollees in meeting the Access to Care Criteria for Hospital Care.				
	Access to Tertiary Care (58,060 enrollees)					
Y	Specialty Care Outpatient Stops	Population Based	69,181	69%	53,052	53%
		Treating Facility Based	78,808	96%	62,760	77%
Y	Primary Care Outpatient Stops	Population Based	36,642	26%	12,865	9%
		Treating Facility Based	30,332	22%	6,408	5%
N	Medicine Inpatient Beds	Population Based	16	34%	5	11%
		Treating Facility Based	10	29%	2	6%
	Surgery Inpatient Beds	Population Based	4	23%	0	-1%
		Treating Facility Based	0	-19%	-1	-35%
	Psychiatry Inpatient Beds	Population Based	-7	-14%	-16	-30%
		Treating Facility Based	-3	-5%	-15	-26%
	Mental Health Outpatient Stops	Population Based	0	0%	0	0%
		Treating Facility Based	940	1%	-286	0%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

The Stakeholders in the Central Market have been kept informed and involved in the CARES planning process as early as May 2002. Both the Chillicothe and Columbus facilities kept their stakeholders apprised independently, but also worked together as a Market to solidify the unity between the two facilities. The Network staff was also involved in these joint meetings to show the support for the Central Market plans being developed. This also allowed the Network Director the opportunity to hear the concerns and ideas from the stakeholders firsthand.

On February 28, 2003, a Congressional Briefing was held in Columbus with liaisons from Senators Voinovich, DeWine, Congressmen Hobson, Strickland, Ney, Price, and Tiberi. The entire CARES planning process was described for the Network, but the focus was on the Central Market's plans to resolve the gaps identified by CARES. At this time, discussions were held regarding the ideas of new construction and the expansion of both outpatient specialty services and inpatient medical care. The session lasted the entire morning and subsequently led to a site visit to the Chillicothe campus from liaisons from Senator DeWine and Congressman Tiberi's offices to learn more about Chillicothe.

On that same date, several representatives from The Ohio State University (OSU) also met with the same team from the VA to discuss CARES, the needs of the Central Market, and what OSU could provide. The topics discussed were specialty care services, acute inpatient services, research, training and education, and the residency program. From this initial discussion, smaller focus groups are planned to meet to discuss more in-depth each area of need.

Repeated meetings and communications have been held with Veterans Service Organizations through the regular VSO meetings, Management Assistance Council (MAC) meetings, and through multiple newsletters and newspaper articles. In addition, when special concerns have been raised by an organization, additional meetings have been held to address the issues.

The staff at both facilities have been kept informed through Town Meetings (sponsored by both facility and Network managements), individual services' staff meetings, Director's staff meetings, and through various publications such as e-mail briefings and newsletters. As plans have evolved throughout the planning process, management at both facilities has kept all personnel apprised. An Internet web site devoted to CARES was also developed at Chillicothe so that parties both inside and outside the VA could see our progress and learn about the CARES process and its goals.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

No Impact

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

Hospital Care Access: The planning initiative is to contract with local providers/hospitals in the Columbus area for inpatient beds. This will raise the percentage of those veterans within the access standards from the current 39% to 83% in 2012 and to 84% in 2022. Patients will no longer need to be transferred to another VAMC when stabilized and this will ensure the quality and continuity of care. The Chillicothe VAMC will continue to operate its 60 acute beds to meet the needs of those veterans in the southern counties of the Central Market.

Outpatient Specialty Care Capacity Shortage: The Columbus OPC will open an Ambulatory Specialty Care Center in 2005 and will offer expanded specialty care services including ambulatory surgery. These expanded specialty services will decrease the number of veterans driving from the Central Market to the Dayton and Cincinnati VAMCs for specialty care appointments. The Chillicothe VAMC will maintain its current services and expand its services through local contracts with area providers in order to meet the gap for specialty care and to decrease current waiting times. Outpatient surgical cases will be referred to the Columbus Ambulatory Specialty Care Center when operational. Other surgical or specialty care services that are high-cost and low-volume will continue to be referred to other VA Centers of Excellence such as the Dayton, Cincinnati, or Cleveland VAMCs.

Primary Care Capacity Shortage: To meet the increasing demand, the Columbus Outpatient Clinic is currently embarking on a renovation project to add an additional primary care team in the Clinic. The Grove City CBOC has recently been enhanced to provide additional primary care services. Two new CBOCs are planned for Cambridge and Newark in 2004/2005 to place primary care closer to the population in need of the services.

Domiciliary Enhancement: The Cleveland VAMC will send to the Chillicothe VAMC 120 Domiciliary beds in the year 2008. Chillicothe will renovate existing space to accommodate a total of 170 Domiciliary beds (120 from Cleveland and the existing 50 at Chillicothe).

Vacant Space: The Chillicothe VAMC has a Master Space Plan to maximize the use of space and to vacate inefficient space. Currently underway is the renovation of Building 1 to relocate administrative services into a central building that will

result in the closure of 6 buildings and 106,696 gross square feet. These buildings are proposed for Out-leasing opportunities. The second part of the plan in Chillicothe is designed to improve the patient care environment, improve staff efficiencies, reduce unnecessary building maintenance costs, and reduce increasing utility costs. Building 35 is slated for the Domiciliary building (170 beds). All other inpatient units will be relocated to the 'large circle' (a group of buildings connected by a tunnel). In addition, the Chillicothe VAMC already has 103,576 square feet in use by parties outside the VAMC patient care functions, including a Child Care Center, the Chivaho Credit Union, Residential Quarters, Baseball Stadium, Golf Course, Pickaway-Ross Joint Vocational School, and the Alvis House.

National Cemetery Administration Collaboration:

The Chillicothe VAMC has an opportunity to expand the NCA's cemetery services into South Central Ohio. The NCA is interested in looking at up to 50 acres on the Chillicothe campus for a cemetery site, but not before 2009. The NCA has also contacted the State of Ohio about opportunities for this to be a state operated national cemetery. Discussions continue on this topic.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

The Central Market in VISN 10 has an access gap in the Hospital Care category, as only 39% of all enrollees in the Central Market live within 60 minutes of hospital care. The objective is to improve access to care for enrolled veterans so that at least 65% of veteran enrollees are within the Inpatient Hospital Care driving time guidelines. Providing non-VA inpatient beds in the Columbus area would improve the percentage of veterans within the driving guidelines to 96% in 2012 and to 97% in 2022.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**71%**	16,913	**75%**	14,282	**75%**	13,130
Hospital Care	**39%**	35,575	**96%**	2,285	**97%**	1,576
Tertiary Care	**100%**	-	**100%**	-	**100%**	-

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Cambridge CBOC

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	4,039	4,039	800	-	-	-	-	-	3,239	$ (11,045,306)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	$ -
Mental Health	-	-	1,918	1,918	-	-	-	-	-	-	1,918	$ (3,771,024)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**5,957**	**5,957**	**800**	**-**	**-**	**-**	**-**	**-**	**5,157**	**$ (14,816,330)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	1,620	1,620	-	-	-	-	1,525	-	1,525	(95)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	1,055	1,055	-	-	-	-	997	-	997	(58)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**2,675**	**2,675**	**-**	**-**	**-**	**-**	**2,522**	**-**	**2,522**	**(153)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	2,408	2,408	-	-	-	-	2,270	-	2,270	(138)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**2,408**	**2,408**	**-**	**-**	**-**	**-**	**2,270**	**-**	**2,270**	**(138)**

4. Facility Level Information – Chillicothe

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

The Chillicothe VAMC has a collaborative opportunity with the National Cemetery Administration (NCA) for a new cemetery on the campus. This initiative would involve up to 50 acres of land and would not involve any existing buildings or square footage. This new site would increase the number of veterans within 75 miles of a veterans cemetery, as there are 8-10 counties in southeastern Ohio that do not fall within that radius of current cemetery locations. This new cemetery site would also put to use excess acreage at Chillicothe.
The NCA is reviewing its future planning needs for expansion of existing cemeteries that are approaching depletion of their existing gravesite capacity as well as scheduled openings of a few new cemeteries that have been under design. Based on this review, the NCA has developed an interest in the Chillicothe location with a planning year of 2009.

In addition, the NCA has been in contact with the Director of Veterans Affairs for Ohio Governor Taft to explore the possibility of a State Veterans Cemetery (a state operated national cemetery) since Ohio does not operate a state cemetery. Current planning estimates that the project to start the cemetery would cost the NCA $5-$7 million. Once the cemetery was operational, the state would pay for the operations (personnel, resources, etc.) and the interments. Discussions continue between NCA and the State of Ohio.

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	9,990	2,004	8,436	450	-	-	-	-	-	-	8,436	$ 27,704,568
Surgery	284	(15)	17	(282)	-	-	17	-	-	-	-	$ 12,653,061
Intermediate/NHCU	110,229	-	110,229	-	54,013	-	-	-	-	-	56,216	$ -
Psychiatry	17,197	(855)	17,197	(855)	5,097	-	-	-	-	-	12,100	$ 8,776,472
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	18,059	-	46,062	28,003	-	-	-	-	-	-	46,062	$ (44,578,808)
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**155,759**	**1,134**	**181,941**	**27,316**	**59,110**	**-**	**17**	**-**	**-**	**-**	**122,814**	**$ 4,555,293**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	70,739	(1,182)	70,739	(1,182)	-	-	-	-	-	-	70,739	$ -
Specialty Care	65,768	35,712	38,609	8,552	7,209	-	-	-	-	-	31,400	$ 92,825,181
Mental Health	57,768	656	55,851	(1,262)	17,000	-	-	-	-	-	38,851	$ (1,780,390)
Ancillary & Diagnostics	65,117	25,204	65,118	25,204	652	-	-	-	-	-	64,466	$ -
Total	**259,393**	**60,389**	**230,317**	**31,313**	**24,861**	**-**	**-**	**-**	**-**	**-**	**205,456**	**$ 91,044,791**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	20,573	2,094	17,547	(932)	18,479	-	-	-	-	-	18,479	932
Surgery	388	388	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	65,468	-	65,467	(1)	65,468	-	-	-	-	-	65,468	1
Psychiatry	27,859	8,311	19,602	54	19,548	-	-	-	-	-	19,548	(54)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	19,548	-	49,860	30,312	19,548	30,000	-	-	-	-	49,548	(312)
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**133,837**	**10,794**	**152,476**	**29,433**	**123,043**	**30,000**	**-**	**-**	**-**	**-**	**153,043**	**567**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	35,370	(26,784)	35,370	(26,783)	62,153	-	-	-	-	-	62,153	26,783
Specialty Care	71,622	37,268	34,540	186	34,354	-	-	-	-	-	34,354	(186)
Mental Health	31,773	13,321	21,368	2,916	18,452	-	-	-	-	-	18,452	(2,916)
Ancillary and Diagnostics	61,888	(35,364)	61,887	(35,365)	97,252	-	-	-	-	-	97,252	35,365
Total	**200,653**	**(11,558)**	**153,165**	**(59,046)**	**212,211**	**-**	**-**	**-**	**-**	**-**	**212,211**	**59,046**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	301,041	5	289,645	(11,391)	301,036	-	-	-	-	-	301,036	11,391
Other	86,537	-	86,537	-	86,537	-	-	-	-	-	86,537	-
Total	**387,578**	**5**	**376,182**	**(11,391)**	**387,573**	**-**	**-**	**-**	**-**	**-**	**387,573**	**11,391**

5. Facility Level Information – Columbus

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

The Columbus Outpatient Clinic has an opportunity for potential sharing agreements with the Department of Defense at the Defense Supply Center in Columbus (DSCC). Up to 200 acres is available at this location at no cost to the Department of Veterans Affairs. Persons working at the DoD site who are eligible for VA care will have local access to VA resources. Potential sharing agreements would include employees using the child care & fitness centers; the use of conferencing facilities; Information Technology and Multimedia support; building maintenance; and a host of clinical sharing agreements such as the one the Dental Service has now with DOD.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	3,804	1,090	311	(2,403)	-	-	311	-	-	-	-	$ (11,889,659)
Surgery	130	(81)	12	(199)	-	-	12	-	-	-	-	$ (58,937,771)
Intermediate/NHCU	2,966	-	2,966	-	2,966	-	-	-	-	-	-	$ -
Psychiatry	93	(22)	12	(103)	-	-	12	-	-	-	-	$ 406,668
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**6,992**	**986**	**3,301**	**(2,705)**	**2,966**	**-**	**335**	**-**	**-**	**-**	**-**	**$ (70,420,762)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	98,526	31,511	16,844	(50,171)	-	-	16,844	-	-	-	-	$ 167,586,607
Specialty Care	95,033	43,096	10,476	(41,461)	-	-	10,476	-	-	-	-	$ 131,098,071
Mental Health	38,525	284	6,587	(31,654)	-	-	6,587	-	-	-	-	$ 64,026,129
Ancillary & Diagnostics	121,187	44,820	20,062	(56,305)	-	-	20,062	-	-	-	-	$ 83,729,822
Total	**353,271**	**119,711**	**53,969**	**(179,592)**	**-**	**-**	**53,969**	**-**	**-**	**-**	**-**	**$ 446,440,629**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	42,859	12,360	-	(30,499)	30,499	-	-	8,651	-	-	39,150	39,150
Specialty Care	92,753	77,662	-	(15,091)	15,091	-	-	-	-	-	15,091	15,091
Mental Health	21,286	8,257	-	(13,029)	13,029	-	-	-	-	-	13,029	13,029
Ancillary and Diagnostics	61,078	48,299	-	(12,779)	12,779	-	-	-	-	-	12,779	12,779
Total	**217,976**	**146,578**	**-**	**(71,398)**	**71,398**	**-**	**-**	**8,651**	**-**	**-**	**80,049**	**80,049**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	135,145	90,841	-	(44,304)	44,304	-	-	-	-	-	44,304	44,304
Other	10,149	-	10,149	-	10,149	-	-	-	-	-	10,149	-
Total	**145,294**	**90,841**	**10,149**	**(44,304)**	**54,453**	**-**	**-**	**-**	**-**	**-**	**54,453**	**44,304**

6. Facility Level Information – Columbus Specialty Center

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

The Columbus Outpatient Clinic has an opportunity for potential sharing agreements with the Department of Defense at the Defense Supply Center in Columbus (DSCC). Up to 200 acres is available at this location at no cost to the Department of Veterans Affairs. Persons working at the DoD site who are eligible for VA care will have local access to VA resources. Potential sharing agreements would include employees using the child care & fitness centers; the use of conferencing facilities; Information Technology and Multimedia support; building maintenance; and a host of clinical sharing agreements such as the one the Dental Service has now with DOD.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	11,972	11,972	12,283	-	-	311	-	-	-	$ (185,000,239)
Surgery	-	-	4,316	4,316	4,337	-	-	21	-	-	-	$ (122,229,270)
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	795	795	804	-	-	9	-	-	-	$ (3,692,751)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**17,083**	**17,083**	**17,424**	**-**	**-**	**341**	**-**	**-**	**-**	**$ (310,922,260)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	77,073	77,073	-	-	-	16,844	-	-	93,917	$ (184,267,006)
Specialty Care	-	-	121,228	121,228	-	-	-	10,476	-	-	131,704	$ (221,709,193)
Mental Health	-	-	30,946	30,946	-	-	-	6,587	-	-	37,533	$ (67,889,668)
Ancillary & Diagnostics	-	-	101,125	101,125	-	-	-	20,062	-	-	121,187	$ (109,619,987)
Total	**-**	**-**	**330,372**	**330,372**	**-**	**-**	**-**	**53,969**	**-**	**-**	**384,341**	**$ (583,485,854)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	46,958	46,958	-	-	-	-	41,549	-	41,549	(5,409)
Specialty Care	-	-	160,679	160,679	-	-	145,343	-	-	-	145,343	(15,336)
Mental Health	-	-	24,396	24,396	-	-	-	-	24,231	-	24,231	(165)
Ancillary and Diagnostics	-	-	87,255	87,255	-	-	-	-	85,917	-	85,917	(1,338)
Total	**-**	**-**	**319,288**	**319,288**	**-**	**-**	**145,343**	**-**	**151,697**	**-**	**297,040**	**(22,248)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	197,959	197,959	-	-	-	-	184,324	-	184,324	(13,635)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**197,959**	**197,959**	**-**	**-**	**-**	**-**	**184,324**	**-**	**184,324**	**(13,635)**

7. Facility Level Information – Newark CBOC

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	4,610	4,610	-	-	-	-	-	-	4,610	$ (13,618,515)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	$ -
Mental Health	-	-	993	993	-	-	-	-	-	-	993	$ (2,623,693)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**5,603**	**5,603**	**-**	**-**	**-**	**-**	**-**	**-**	**5,603**	**$ (16,242,208)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	2,305	2,305	-	-	-	-	2,172	-	2,172	(133)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	645	645	-	-	-	-	500	-	500	(145)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**2,950**	**2,950**	**-**	**-**	**-**	**-**	**2,672**	**-**	**2,672**	**(278)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	1,829	1,829	-	-	-	-	1,745	-	1,745	(84)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**1,829**	**1,829**	**-**	**-**	**-**	**-**	**1,745**	**-**	**1,745**	**(84)**

B. Eastern Market

1. Description of Market

a. Market Definition

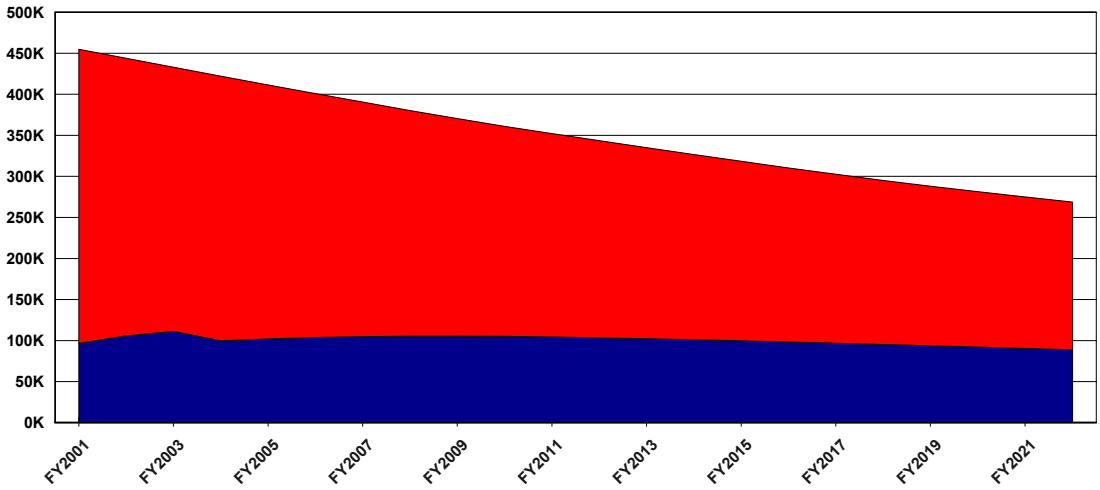
Market	Includes	Rationale	Shared Counties
Eastern Code: 10B Cleveland VA Medical Centers and CBOCs	**24 Total Counties** in Eastern Ohio,	The Eastern Market consists of 24 counties (10 rural and 14 urban). In determining this market we utilized the maps provided by the VSSC, the VISN 10 County Civilization Population report, and the 2001 Distributed Population Planning Basis Model. We also applied the criteria given for urban and rural access to hospital and primary care in determining the market. The counties included in this market were based initially on the data provided in the DPPB model. This gave us the initial indication of the referral patterns of our veteran population.	Within the Eastern market there are 9 counties that border VISN 4 and 3 counties that border VISN 11. We provide the majority of care in 5 of these counties that border VISN 4. The number of enrolled and projected veterans in two counties (Belmont and Harrison) that we do not provide the majority of care is low. In the counties that border VISN 11 we provide the majority of care. We have had discussions with both VISN 4 & 11 and it was decided each VISN would plan for the counties that are within their market.

b. Facility List

VISN : 10				
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**
Cleveland - Brecksv.				
541A0 Cleveland-Brecksv.	✓	-	-	-
541GB Lorain	✓	-	-	-
541GD Mansfield	✓	-	-	-
541GE McCafferty	✓	-	-	-
541GF Painesville	✓	-	-	-
541GG Akron	✓	-	-	-
541GH East Liverpool	✓	-	-	-
541GI Warren	✓	-	-	-
Cleveland- Wade Park				
541 Cleveland-Wade Park	✓	✓	✓	-
541BY Canton	✓	-	-	-
541BZ Youngstown	✓	-	-	-
541GC Sandusky	✓	-	-	-
New New Philadelphia	✓	-	-	-
New Ravena	✓	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Eastern Market			Februrary 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
	Access to Primary Care (104,946 enrollees)					
Y	Access to Hospital Care (104,946 enrollees)	A significant gap was found in access to care. This Market area fell short by 61.4% and 40,467 enrollees in meeting the Access to Care Criteria for Hospital Care.				
	Access to Tertiary Care (104,946 enrollees)					
Y	Specialty Care Outpatient Stops	Population Based	194,306	112%	137,433	79%
		Treating Facility Based	182,293	107%	129,245	76%
Y	Primary Care Outpatient Stops	Population Based	138,071	59%	66,877	29%
		Treating Facility Based	124,104	53%	56,585	24%
Y	Medicine Inpatient Beds	Population Based	77	108%	44	62%
		Treating Facility Based	73	101%	41	57%
	Surgery Inpatient Beds	Population Based	11	30%	-1	-2%
		Treating Facility Based	8	19%	-4	-10%
	Psychiatry Inpatient Beds	Population Based	30	27%	4	4%
		Treating Facility Based	28	27%	4	4%
	Mental Health Outpatient Stops	Population Based	0	0%	0	0%
		Treating Facility Based	2,615	1%	593	0%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

Stakeholder Issues

Communication regarding the CARES data including all aspects of supply, demand, enrollment, market penetration, facility assessments, county and market level demographics, along with a host of other inputs have clearly been communicated to the stakeholders in the Eastern Market.

The different forums for discussion included, but were not limited to, Veterans Service Officers meetings, Town Hall meetings, communication with the city of Brecksville and its Mayor Jerry Hruby, Senators George Voinovich and Michael Dewine, US Representatives Sherrod Brown, Stephanie Tubbs-Jones, and Dennis Kucinich, former US Representative Louis Stokes, and Cleveland Mayor Jane Campbell.

Negative feedback has not as of yet been expressed by any of our stakeholders. This is in part due to the enhanced services that The Louis Stokes Cleveland VAMC has presented to it stakeholders.

Summary of Communications
April 2002-March 2003

Employees:

CARES communication took place with at Town Halls and through all employee messages about the CARES process. Since April 2002, there have been 10 Town Halls with specific mention of the CARES process and description of the options being considered. Total attended 1,500. (Approximately 150 employees attend each Town Hall)

Periodically, CARES bulletins describing the process and progress have been sent to all employees, reaching approximately 2,600 employees at a time.

Veterans Service Organizations:

CARES communication took place at regular VSO meetings at the medical center, and at occasional meetings with individual posts and chapters. These are usually held monthly, with approximately 15 VSO officials present.

Congresspersons and Congressional Offices:

CARES communication took place a Congressional Staffers Day and during visits by Congresspersons at the Medical Center. This includes a Congressional Staffers Day in April 2002, with representatives of eleven congresspersons and tow senators present. There has been specific follow-up with Congressman Sherrod Brown's office on implications of the CARES planning initiatives.

Media:

There has been only one local media report on CARES, in June 2002, largely based n a national AP story on this topic.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

No Impact

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

Executive Summary of Market Plan

Eastern Market – Louis Stokes Cleveland VAMC

CARES is a planning process to ensure that veterans' future needs for accessible, quality healthcare are met and to align capital assets to meet those needs. CARES stands for Capital Asset Realignment for Enhanced Services. It is an objective, consistent process to develop strategies to direct resources where they are most needed.

The Louis Stokes Cleveland VAMC has recently undergone significant planning for its future based upon the CARES data. The planning model highlighted four clinical areas that need to be addressed in terms of meeting veterans' needs in the future. They are access to hospital care, primary care, specialty care, and inpatient medicine. Additionally, VISN 10 Healthcare System of Ohio has identified the consolidation of the two division Cleveland VAMC as a priority. This project will consolidate and collocate all clinical and administrative functions of a two divisional medical center at the Wade Park Division.

The strengths associated with the market plan for the Eastern Market include, but are not limited to the following:

·Reallocation of resources to provide care that is accessible, high quality, and in line with the needs of the veterans of Northeast Ohio.
·The consolidation project will be in line with the CARES objective to reduce operational costs in order that these resources can be reallocated to serve more veterans.
·The consolidation project will be able to possibly collocate and collaborate with Veterans Benefits Administration.
·Gaps identified by CARES in primary care, specialty care, and inpatient medicine is addressed and solutions are provided that maximizes care to our veterans.
·Access to tertiary hospital care is addressed. To meet the access guidelines, the Eastern market proposes either contracting in the community for local non-VA inpatient beds or community sharing agreements.

The weaknesses associated with the market plan for the Eastern Market include, but are not limited to the following:

·Given the significant increase in demand for services in primary care, specialty care, and inpatient medicine, the proposed plans outlined above are dependent on sufficient funding.

·Although there is no opposition from local stakeholders at this time, there is always the possibility that all parties involved will not see eye to eye on the market plan. The leadership at the Louis Stokes VAMC have kept the Veterans Service Organizations, local representatives, union officials, and congressional offices informed of the market plans in order to minimize the aforementioned issue.

The opportunities associated with the market plan for the Eastern Market include, but are not limited to the following:

·Collocation and collaboration with Veterans Benefits Administration.
·Significant cost savings and space reduction via the consolidation of the two division Louis Stokes Cleveland VAMC.
·Increased access to care for those veterans not currently within the access guidelines as defined by CARES.
·Increased supply for the demand in primary care, specialty, and inpatient medicine that the actuarial CARES data shows.
·Ability to maintain and improve on the high level of quality care provided at the medical center. Currently there are seven “Centers of Excellence” provided at The Louis Stokes Cleveland VAMC.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

To meet the access guidelines, the Eastern market proposes either contracting in the community for local non-VA inpatient beds or community sharing agreements. The location selected is the Canton, OH (44702). Currently care is provided in emergency situations and for purposes of stabilization for veterans at Mercy Hospital. It is important to note that until the consolidation of the Brecksville Division occurs, the Eastern Market will be within access guidelines according to CARES data. Further development of sharing agreement opportunities will be discussed when the consolidation occurs.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**90%**	10,484	**76%**	24,825	**76%**	21,312
Hospital Care	**61%**	40,887	**81%**	19,653	**82%**	15,984
Tertiary Care	**100%**	-	**100%**	-	**100%**	-

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Cleveland Brecksville

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

The Louis Stokes Cleveland VAMC has identified two collaborative opportunities for the VISN 10 Healthcare System of Ohio. The first is Enhanced Use Lease. The second is VBA collaboration and collocation.

The Louis Stokes Cleveland VAMC is a dual-division medical center with two large, antiquated physical plants. Major renovation projects have been submitted for both divisions over the past two Capital Investment Cycles (Brecksville in FY02 and Wade Park in FY03) neither of which was funded. For the FY04 Capital Investment Cycle, a plan to combine the two medical centers has been proposed. The project is a $99 million project that will relocate all Brecksville Division patient care and administrative activities at the Wade Park Division. The project will require the sale of 102 acres at the Brecksville Division and enhanced lease of property adjacent to the Wade Park Division. The project is expected to comply with the findings of the Capital Asset Realignment for Enhanced Services (CARES) and has less than a four year payback as determined by a comprehensive cost-benefit analysis. If the project is funded in FY 04, construction will occur through FY 07.

The Enhanced Use project to consolidate all functions of the Brecksville Division at Wade Park is expected to improve the patient environment, reduce operation overhead, and achieve space saving performance standards. Furthermore, the consolidation will provide the additional capacity needed at Wade Park Division of the Louis Stokes Cleveland VAMC for the CARES identified Planning Initiatives that include both Inpatient Medicine and Outpatient Specialty Care and VISN 10's VISN Identified Planning Initiative and Collaborative Opportunity.

The second collaborative opportunity is with Veterans Benefits Administration. The consolidation project will assist in achieving the goal of "One VA" through our close interaction with the Veterans Benefits Administration in the timely completion of compensation and processing (C&P) exams. The Cleveland VAMC and Cleveland VBA Regional office is the second national collaboration in the VA to implement CAPRI. CAPRI is a computer software system that works with the VBA and VHA computer systems to move important clinical information between the two organizations to improve the timeliness, accuracy and efficiency of veteran claims benefits. CAPRI improves the ability for VBA and VHA to share information to service veterans.

The Enhanced Use project and the collaboration and collocation of with VBA via the consolidation project will increase the productivity and timely access to important specialty clinics such as orthopedics, vascular surgery, and audiology and speech pathology that the VBA heavily depends upon to accurately process veteran benefit claims.

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

The Louis Stokes Cleveland VAMC has identified two collaborative opportunities for the VISN 10 Healthcare System of Ohio. The first is Enhanced Use Lease. The second is VBA collaboration and collocation.

The Louis Stokes Cleveland VAMC is a dual-division medical center with two large, antiquated physical plants. Major renovation projects have been submitted for both divisions over the past two Capital Investment Cycles (Brecksville in

FY02 and Wade Park in FY03) neither of which was funded. For the FY04 Capital Investment Cycle, a plan to combine the two medical centers has been proposed. The project is a $99 million project that will relocate all Brecksville Division patient care and administrative activities at the Wade Park Division. The project will require the sale of 102 acres at the Brecksville Division and enhanced lease of property adjacent to the Wade Park Division. The project is expected to comply with the findings of the Capital Asset Realignment for Enhanced Services (CARES) and has less than a four year payback as determined by a comprehensive cost-benefit analysis. If the project is funded in FY 04, construction will occur through FY 07.

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The Enhanced Use project and the collaboration and collocation of with VBA via the consolidation project will increase the productivity and timely access to important specialty clinics such as orthopedics, vascular surgery, and audiology and speech pathology that the VBA heavily depends upon to accurately process veteran benefit claims.

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

**See VISN 10 Identified Planning Initiative

Assessment of Current Environment

Cleveland VAMC is dual-division medical center with two, large, antiquated physical plants. Major renovation projects have been submitted for both divisions over the past two Capital Investment Cycles (Brecksville in FY02 and Wade Park for the FY03 cycle), neither of which was funded. The Brecksville project included renovation of all patient care areas and included many special emphasis programs (PTSD, blind rehab, SCI, seriously mentally ill). For the FY04 Capital Investment Cycle, a proposal to combine the two medical centers has been proposed. This project is a $99 million project that will relocate all Brecksville Division patient care and administrative activities to the Wade Park Division. This project is expected to comply with the findings of the Capital Asset Realignment for Enhanced Services (CARES) and has a less than four year payback as determined by a comprehensive cost-benefit analysis. If this project is funded in for FY 04, construction will occur through FY 07.

This project will consolidate and collocate all clinical and administrative functions of a two divisional medical center at the Wade Park Division. This project will require new construction of 500,730 square feet and renovation of existing space at the Wade Park Division of 140,400 square feet. This project requires the sale of 102 acres at the Brecksville Division and enhanced lease of property adjacent to the Wade Park Division. The cost savings of this project are anticipated to exceed $24 million annually (with first year savings of $32 million) and the quality of clinical care will be significantly enhanced to the more than 70,000 veterans that receive care at these medical centers annually.

Additionally, the potential consolidation of VHA and VBA will promote a One VA through efficient processing of VBA claims requiring medical support from the VHA for the more than 500,000 veterans residing in Northern Ohio. This

improves the patient care environment, reduces overhead costs, and is in line with the space savings performance standards of CARES.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	1,156	357	-	(799)	-	-	-	-	-	-	-	$ 18,639,847
Surgery	126	(100)	13	(213)	-	-	13	-	-	-	-	$ 18,388,642
Intermediate/NHCU	27	-	27	-	-	-	-	-	-	-	27	$ -
Psychiatry	19,876	3,101	859	(15,916)	-	-	859	-	-	-	-	$ 119,161,978
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ (16,028,379)
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**21,185**	**3,358**	**899**	**(16,928)**	**-**	**-**	**872**	**-**	**-**	**-**	**27**	**$ 140,162,088**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	116,042	42,622	9,255	(64,165)	-	-	9,255	-	-	-	-	$ 195,954,880
Specialty Care	95,402	80,947	5,643	(8,812)	-	-	5,643	-	-	-	-	$ 171,113,783
Mental Health	172,049	1,211	25,110	(145,728)	-	-	25,110	-	-	-	-	$ 337,668,253
Ancillary & Diagnostics	135,414	52,683	10,679	(72,052)	-	-	10,679	-	-	-	-	$ 70,427,210
Total	**518,907**	**177,463**	**50,687**	**(290,757)**	**-**	**-**	**50,687**	**-**	**-**	**-**	**-**	**$ 775,164,126**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	2,404	(61,946)	-	(64,350)	64,350	-	-	-	-	-	-	-
Surgery	211	211	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	64,350	64,350	64,350	64,350	-	-	-	-	-	-	64,350	-
Psychiatry	32,199	21,949	-	(10,250)	10,250	-	-	-	-	-	10,250	10,250
PRRTP	-	(23,291)	-	(23,291)	23,291	-	-	-	-	-	23,291	23,291
Domiciliary program	-	(55,350)	-	(55,350)	55,350	-	-	-	-	-	55,350	55,350
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**99,164**	**(54,077)**	**64,350**	**(88,891)**	**153,241**	**-**	**-**	**-**	**-**	**-**	**153,241**	**88,891**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	58,021	22,503	-	(35,518)	35,518	-	-	-	-	-	35,518	35,518
Specialty Care	128,793	123,103	-	(5,690)	5,690	-	-	-	-	-	5,690	5,690
Mental Health	94,628	13,355	-	(81,273)	81,273	-	-	-	-	-	81,273	81,273
Ancillary and Diagnostics	86,666	48,020	-	(38,646)	38,646	-	-	-	-	-	38,646	38,646
Total	**368,107**	**206,980**	**-**	**(161,127)**	**161,127**	**-**	**-**	**-**	**-**	**-**	**161,127**	**161,127**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(5,475)	-	(5,475)	5,475	-	-	-	-	-	5,475	5,475
Administrative	364,015	117,843	49,550	(196,622)	246,172	-	-	-	-	-	246,172	196,622
Other	28,585	-	-	(28,585)	28,585	-	-	-	-	-	28,585	28,585
Total	**392,600**	**112,368**	**49,550**	**(230,682)**	**280,232**	**-**	**-**	**-**	**-**	**-**	**280,232**	**230,682**

4. Facility Level Information – Cleveland Wade Park

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
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- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

The Louis Stokes Cleveland VAMC has identified two collaborative opportunities for the VISN 10 Healthcare System of Ohio. The first is Enhanced Use Lease. The second is VBA collaboration and collocation.

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The Enhanced Use project to consolidate all functions of the Brecksville Division at Wade Park is expected to improve the patient environment, reduce operation overhead, and achieve space saving performance standards. Furthermore, the consolidation will provide the additional capacity needed at Wade Park Division of the Louis Stokes Cleveland VAMC for the CARES identified Planning Initiatives that include both Inpatient Medicine and Outpatient Specialty Care and VISN 10's VISN Identified Planning Initiative and Collaborative Opportunity.

The second collaborative opportunity is with Veterans Benefits Administration. The consolidation project will assist in achieving the goal of "One VA" through our close interaction with the Veterans Benefits Administration in the timely completion of compensation and processing (C&P) exams. The Cleveland VAMC and Cleveland VBA Regional office is the second national collaboration in the VA to implement CAPRI. CAPRI is a computer software system that works with the VBA and VHA computer systems to move important clinical information between the two organizations to improve the timeliness, accuracy and efficiency of veteran claims benefits. CAPRI improves the ability for VBA and VHA to share information to service veterans.

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NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

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The Louis Stokes Cleveland VAMC is a dual-division medical center with two large, antiquated physical plants. Major renovation projects have been submitted for both divisions over the past two Capital Investment Cycles (Brecksville in FY02 and Wade Park in FY03) neither of which was funded. For the FY04 Capital Investment Cycle, a plan to combine the two medical centers has been proposed. The project is a $99 million project that will relocate all Brecksville Division patient care and administrative activities at the Wade Park Division. The project will require the sale of 102 acres at the Brecksville Division and enhanced lease of property adjacent to the Wade Park Division. The project is expected to comply with the findings of the Capital Asset Realignment for Enhanced Services (CARES) and has less than a four year payback as determined by a comprehensive cost-benefit analysis. If the project is funded in FY 04, construction will occur through FY 07.

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The Enhanced Use project and the collaboration and collocation of with VBA via the consolidation project will increase the productivity and timely access to important specialty clinics such as orthopedics, vascular surgery, and audiology and speech pathology that the VBA heavily depends upon to accurately process veteran benefit claims.

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

** SEE VISN 10 Identified Planning Initiative

Assessment of Current Environment

Cleveland VAMC is dual-division medical center with two, large, antiquated physical plants. Major renovation projects have been submitted for both divisions over the past two Capital Investment Cycles (Brecksville in FY02 and Wade Park for the FY03 cycle), neither of which was funded. The Brecksville project included renovation of all patient care areas and included many special emphasis programs (PTSD, blind rehab, SCI, seriously mentally ill). For the FY04 Capital Investment Cycle, a proposal to combine the two medical centers has been proposed. This project is a $99 million project that will relocate all Brecksville Division patient care and administrative activities to the Wade Park Division. This project is expected to comply with the findings of the Capital Asset Realignment for Enhanced Services (CARES) and has a less than four year payback as determined by a comprehensive cost-benefit analysis. If this project is funded in for FY 04, construction will occur through FY 07.

This project will consolidate and collocate all clinical and administrative functions of a two divisional medical center at the Wade Park Division. This project will require new construction of 500,730 square feet and renovation of existing space at the Wade Park Division of 140,400 square feet. This project requires the sale of 102 acres at the Brecksville Division and enhanced lease of property adjacent to the Wade Park Division. The cost savings of this project are

anticipated to exceed $24 million annually (with first year savings of $32 million) and the quality of clinical care will be significantly enhanced to the more than 70,000 veterans that receive care at these medical centers annually.

Additionally, the potential consolidation of VHA and VBA will promote a One VA through efficient processing of VBA claims requiring medical support from the VHA for the more than 500,000 veterans residing in Northern Ohio. This improves the patient care environment, reduces overhead costs, and is in line with the space savings performance standards of CARES.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN										
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	43,562	22,137	42,809	21,384	429	-	-	-	-	-	42,380	$ 66,534,518
Surgery	15,162	2,509	14,758	2,105	1,000	-	-	13	-	-	13,771	$ 18,255,845
Intermediate/NHCU	185,713	-	185,713	-	117,000	-	-	-	-	-	68,713	$ 33,258,636
Psychiatry	21,416	5,710	40,433	24,727	-	-	-	859	-	-	41,292	$ (41,348,876)
PRRTP	8,085	-	8,085	-	-	-	-	-	-	-	8,085	$ 7,540,322
Domiciliary	55,869	-	27,866	(28,003)	-	-	-	-	-	-	27,866	$ 42,738,982
Spinal Cord Injury	9,906	-	9,906	-	-	-	-	-	-	-	9,906	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**339,713**	**30,356**	**329,570**	**20,213**	**118,429**	**-**	**-**	**872**	**-**	**-**	**212,013**	**$ 126,979,427**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**										
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	244,025	81,482	320,232	157,688	73,654	-	-	-	-	-	246,578	$ (147,989,968)
Specialty Care	257,174	101,345	335,451	179,622	50,318	-	-	5,643	-	-	290,776	$ (243,104,571)
Mental Health	76,805	1,404	215,826	140,425	19,425	-	-	25,110	-	-	221,511	$ (207,896,856)
Ancillary & Diagnostics	365,214	162,259	489,951	286,996	19,599	-	-	10,679	-	-	481,031	$ (172,190,053)
Total	**943,218**	**346,490**	**1,361,460**	**764,732**	**162,996**	**-**	**-**	**41,432**	**-**	**-**	**1,239,896**	**$ (771,181,448)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	119,894	71,184	117,816	69,106	48,710	-	58,000	-	-	-	106,710	(11,106)
Surgery	24,919	6,332	22,860	4,273	18,587	-	-	-	-	-	18,587	(4,273)
Intermediate Care/NHCU	122,998	122,998	122,996	122,996	-	-	122,996	-	-	-	122,996	-
Psychiatry	34,694	22,594	66,893	54,793	12,100	-	47,000	-	-	-	59,100	(7,793)
PRRTP	38,485	38,485	38,485	38,485	-	-	35,000	-	-	-	35,000	(3,485)
Domiciliary program	69,836	69,836	34,832	34,832	-	-	-	-	-	-	-	(34,832)
Spinal Cord Injury	-	(23,200)	23,200	-	23,200	-	-	-	-	-	23,200	-
Blind Rehab	23,200	23,200	-	-	-	-	-	-	-	-	-	-
Total	**434,025**	**331,428**	**427,082**	**324,485**	**102,597**	**-**	**262,996**	**-**	**-**	**-**	**365,593**	**(61,489)**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	93,950	35,669	123,289	65,008	58,281	-	41,853	-	-	-	100,134	(23,155)
Specialty Care	240,458	165,410	319,854	244,806	75,048	-	197,000	-	-	-	272,048	(47,806)
Mental Health	38,441	20,508	121,831	103,898	17,933	-	103,000	-	-	-	120,933	(898)
Ancillary and Diagnostics	224,388	135,737	307,860	219,209	88,651	-	187,078	-	-	-	275,729	(32,131)
Total	**597,237**	**357,324**	**872,834**	**632,921**	**239,913**	**-**	**528,931**	**-**	**-**	**-**	**768,844**	**(103,990)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(58,781)	173,121	114,340	58,781	-	153,000	-	-	-	211,781	38,660
Administrative	359,714	226,266	445,417	311,969	133,448	-	235,554	-	-	-	369,002	(76,415)
Other	26,105	-	26,105	-	26,105	-	-	-	-	-	26,105	-
Total	**385,819**	**167,485**	**644,643**	**426,309**	**218,334**	**-**	**388,554**	**-**	**-**	**-**	**606,888**	**(37,755)**

5. Facility Level Information – New Philadelphia

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	23,403	23,403	1,500	-	-	-	-	-	21,903	$ (72,366,530)
Specialty Care	-	-	4,767	4,767	-	-	-	-	-	-	4,767	$ (18,310,659)
Mental Health	-	-	6,089	6,089	-	-	-	-	-	-	6,089	$ (10,040,627)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**34,259**	**34,259**	**1,500**	**-**	**-**	**-**	**-**	**-**	**32,759**	**$ (100,717,816)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	10,952	10,952	-	-	-	-	9,462	-	9,462	(1,490)
Specialty Care	-	-	5,244	5,244	-	-	-	-	4,435	-	4,435	(809)
Mental Health	-	-	3,349	3,349	-	-	-	-	2,600	-	2,600	(749)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**19,545**	**19,545**	**-**	**-**	**-**	**-**	**16,497**	**-**	**16,497**	**(3,048)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	6,450	6,450	-	-	-	-	5,682	-	5,682	(768)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**6,450**	**6,450**	**-**	**-**	**-**	**-**	**5,682**	**-**	**5,682**	**(768)**

6. Facility Level Information – Ravena

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	3,139	3,139	-	-	-	-	-	-	3,139	$ (9,621,867)
Specialty Care	-	-	2,542	2,542	-	-	-	-	-	-	2,542	$ (9,776,373)
Mental Health	-	-	1,830	1,830	-	-	-	-	-	-	1,830	$ (3,006,245)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**7,511**	**7,511**	**-**	**-**	**-**	**-**	**-**	**-**	**7,511**	**$ (22,404,485)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	1,570	1,570	-	-	-	-	1,156	-	1,156	(414)
Specialty Care	-	-	2,796	2,796	-	-	-	-	2,476	-	2,476	(320)
Mental Health	-	-	1,007	1,007	-	-	-	-	750	-	750	(257)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**5,373**	**5,373**	**-**	**-**	**-**	**-**	**4,382**	**-**	**4,382**	**(991)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	1,773	1,773	-	-	-	-	1,582	-	1,582	(191)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**1,773**	**1,773**	**-**	**-**	**-**	**-**	**1,582**	**-**	**1,582**	**(191)**

C. Western Market

1. Description of Market

a. Market Definition

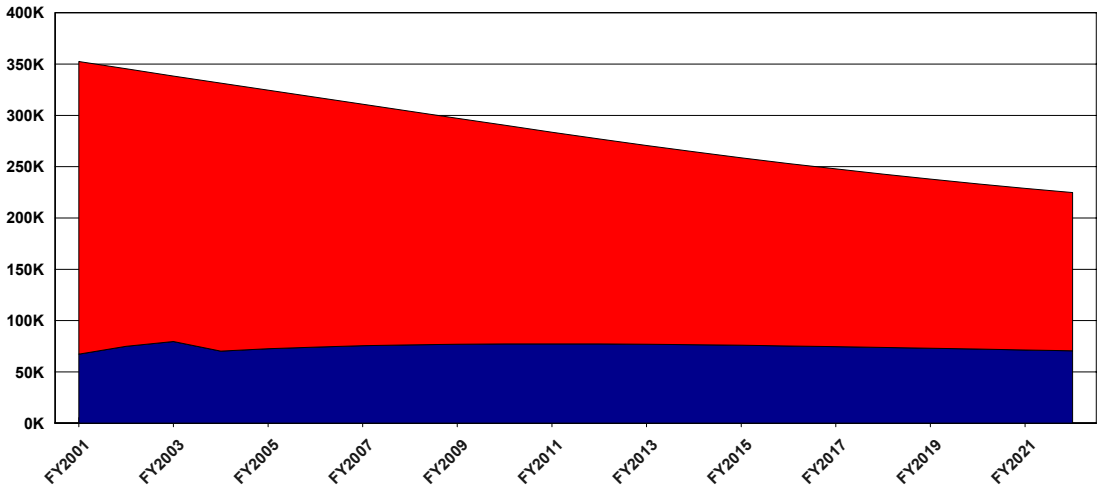
Market	Includes	Rationale	Shared Counties
West Code: 10C Cincinnati VA Medical Centers and CBOCs, and Dayton VA Medical Center and CBOCs	**32 Total Counties** in Indiana and Western Ohio	The Western Market consists of 32 counties (19 rural and 13 urban). In determining this market we utilized the maps provided by the VSSC, the VISN 10 County Civilization Population report, and the 2001 Distributed Population Basis Model. We also applied the criteria given for urban and rural access to hospital and primary care in determining the market. The counties included in this market were based initially on the data provided in the DPPB model. This gave us the initial indication of the referral patterns of our veteran population. As discussed above we then decided to realign 3 counties to this market. We then applied the access criteria given, by doing this we were able to determine whether the efforts of geographic partnering we had begun a year ago between Cincinnati and Dayton continued to make sense. We also looked at our projected veteran population and projected enrolled populations.	Within the Western Market there are 18 counties that border other VISNs. In all cases we provide the majority of care. We have had discussions with both VISN 9 & 11 and it was decided each VISN would plan for the counties that are within their market.

b. Facility List

VISN : 10				
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**
Cincinnati				
539 Cincinnati	✓	✓	✓	-
539A Cinncinnati/Ft. Thomas	-	-	-	✓
539GA Bellvue	✓	-	-	-
539GB Cincinnati (Clermont County)	✓	-	-	-
539GC Lawrenceburg (Dearborn County)	✓	-	-	-
New Fairfield Hamilton	✓	-	-	-
New Dry Ridge	✓	-	-	-
Dayton				
552 Dayton	✓	✓	✓	-
552GA Middletown	✓	-	-	-
552GB Lima	✓	-	-	-
552GC Richmond	✓	-	-	-
552GD Springfield	✓	-	-	-
New Marion	✓	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Western Market			Februrary 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
	Access to Primary Care (74,164 enrollees)					
	Access to Hospital Care (74,164 enrollees)					
	Access to Tertiary Care (74,164 enrollees)					
Y	Specialty Care Outpatient Stops	Population Based	81,103	54%	59,858	40%
		Treating Facility Based	77,472	45%	54,499	32%
Y	Primary Care Outpatient Stops	Population Based	69,268	41%	37,668	22%
		Treating Facility Based	77,146	43%	42,722	24%
N	Medicine Inpatient Beds	Population Based	16	22%	1	2%
		Treating Facility Based	19	23%	2	3%
	Surgery Inpatient Beds	Population Based	-3	-11%	-9	-28%
		Treating Facility Based	3	6%	-6	-14%
	Psychiatry Inpatient Beds	Population Based	9	14%	-3	-5%
		Treating Facility Based	6	9%	-5	-8%
	Mental Health Outpatient Stops	Population Based	0	0%	0	0%
		Treating Facility Based	1,747	1%	-364	0%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

Western Market Stakeholders have been kept informed and involved in the CARES planning process. Both facilities kept their stakeholders apprised independently, but also worked together as a Market to solidify the unity between the two facilities.

Repeated meetings and communications have been held with Veterans Service Organizations through the regular VSO meetings, Management Assistance Council (MAC) meetings, and through multiple newsletters and newspaper articles. In addition, when special concerns have been raised by an organization, additional meetings have been held to address the issues.

Our internal stakeholders, the staff, have been kept informed through Town Meetings (sponsored by both facility and Network managements), service staff meetings, Director's staff meetings, and through various publications such as e-mail briefings and newsletters. As plans have evolved throughout the planning process, management at both facilities has kept all personnel apprised.

Congressional representatives have been contacted and regularly sent information pertaining to the CARES planning initiatives. No concerns have been voiced to the Western Market leadership regarding any of the plans.

Local Health Council's and our Affiliates were informed about the CARES process as well. Although they were interested, listened intently and asked many clarifying questions, no concerns from these stakeholders were raised.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

Cincinnati

There have been discussions with the neighboring Networks regarding the proximity issues for Louisville, Lexington, and Indianapolis.

Lexington is being proposed for closure with the workload moving to Lexington.

Louisville will utilized totally at this point representing no opportunity to accept any workload from Cincinnati.

Indianapolis is running at capacity representing no opportunity to accept any workload from Cincinnati.

Cincinnati is running at capacity representing no opportunity to accept workload from Louisville or Indianapolis.

Dayton

There have been discussions with the neighboring Network regarding the proximity issue for Indianapolis.

Indianapolis is running at capacity representing no opportunity to accept any workload from Dayton.

Dayton is running at capacity representing no opportunity to accept workload from Louisville or Indianapolis.

Internal Market

A proximity PI has been developed for the Western Market which outlines the proposals for consolidation/sharing.

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

The Western Market of VISN 10 is comprised of the VA Medical Centers in Cincinnati and Dayton.

The CARES workload projections showed significant increases in workload for both Medical Centers in Primary and Specialty Care requiring planning initiatives to be developed. In addition, the CARES information relating to space revealed that both Medical Centers were short of space to handle these increases. The two Medical Centers are slightly less than 60 miles apart requiring some narrative related to the proximity issue. The Cincinnati VAMC has a significant parking space shortage that will be exacerbated as the workload grows. A Vacant Space PI for an enhanced use proposal related to the development of a parking garage was developed. There is a very active research program at Cincinnati and a Research PI for a new structure was submitted as well.

PRIMARY CARE:

CONSTRUCTION OF NEW SPACE, EXPANSION/RENOVATION OF EXISTING SPACE AND CONTRACT FOR REMAINING WORKLOAD.

Cincinnati:

-2003 – Expansion of Clermont County, Lawrenceburg, IN CBOCs

-2004 - Telemedicine will be used as a tool to improve access to primary care.

-2004 - Additional CBOC - Fairfield/Hamilton, OH. 5,500 square feet.

-2004 – Additioal CBOC - Dry Ridge, KY, 5,500 square feet

-2005 - Minor Project 539-712 Primary Care Addition an additional 11,140 square feet.

Dayton:

-FY2003 - Expansion of Springfield CBOC

-FY2004 – Telemedicine will be used as a tool to improve access to Primary Care

-FY2004 – Additional CBOC - Marion, Ohio

-FY2006 – ER Expansion Project

SPECIALTY CARE:

CONSTRUCTION OF NEW SPACE, EXPANSION/RENOVATION OF EXISTING SPACE AND CONTRACT FOR REMAINING WORKLOAD.

Cincinnati:

-2003 – Expansion of Clermont County, Lawrenceburg, IN CBOCs

-2004 - Telemedicine will be used as a tool to improve access to primary care.

-2004 - Additional CBOC - Fairfield/Hamilton, OH. 5,500 square feet for primary care, additional 1,500 square feet for specialty care

-2004 – Additional CBOC - Dry Ridge, KY, 5,500 square feet for primary care, additional 1,500 square feet for specialty care

-2007 - The primary care addition at Cincinnati scheduled for completion in FY 2005 has the structural capability of an additional two floors with a square footage of 23,000. These two additional floors will be designed and utilized as specialty care clinics.

Dayton:

-FY2003 - Expansion of Springfield CBOC

-FY2004 – Telemedicine will be used as a tool to improve access to Primary Care

-FY2004 - Additional CBOC - Marion, Ohio

-FY2006 – Renovate former Inpatient areas in B-330 and other space in B-310 for Specialty Care.

OTHER SPACE – ENHANCED USE:

DEVELOP AN ENHANCED USE LEASE AGREEMENT AND USE THE PROCEEDS FOR THE CONSTRUCTION OF ADDITIONAL PARKING FACILITIES ADJACENT TO THE CINCINNATI VAMC.

The Cincinnati medical center was built in 1950 as an inpatient facility with limited parking. It is landlocked with a residential area to the west and the University of Cincinnati to the east.

The Medical Center owns 832 parking spaces, including all handicapped spaces. It also owns 150 spaces in a University of Cincinnati (UC) parking garage obtained when land was negotiated with UC to build the structure. This yields a total of 982 owned parking spaces. The medical center also leases another 200 sparking spaces from UC, and 60 from the Cincinnati Zoo, thus yielding 260 leased parking spaces. In total, there are 1,242 total controlled spaces. The required parking spaces per VACO Parking Demand methodology are 1,429. Therefore, even with the contractual arrangements there is a parking deficit of 447 spaces using the 2001 patient workload at the hospital.

RESEARCH:

The most pressing need is for a new research building.

PROXIMITY:

The Network objective is to maintain both facilities while consolidating and integrating services.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

There are no access issues for the Western Market.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**82%**	13,413	**84%**	12,356	**84%**	11,281
Hospital Care	**93%**	5,216	**93%**	5,406	**93%**	4,935
Tertiary Care	**100%**	-	**100%**	-	**100%**	-

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Cincinnati

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

See Detailed Narrative

Cincinnati VA Medical Center operates 2 campuses – Cincinnati and Fort Thomas, KY. It also manages three community based outpatient clinics located in Bellevue, KY, Clermont County, Ohio, and Lawrenceburg, Indiana. These facilities provide health care to eligible veterans in Ohio, Southeast Indiana and Northern Kentucky. The medical center serves as the major tertiary and surgical referral center for the Central Ohio medical centers. A full range of services are offered in six levels of care including preventative, primary, secondary, tertiary, restorative, and extended care. The Ft. Thomas facility houses the Nursing Home Care Unit and the Domiciliary Programs. The medical center is a teaching hospital for the University of Cincinnati College of medicine and affiliated with over 30 other professional, allied health, and nursing schools programs. Annually, over 1,000 students receive training at this facility. The Cincinnati VA has an active research program with investigators of excellent caliber, many of whom have received either national or international recognition.

The alternatives considered were:

1. Maintaining both facilities but consolidating services/integrating facilities was our primary objective and numerous teams have been put together within the market and VISN to look at various ways to integrate services.

After a thorough review of the missions, a Clinical Inventory was completed to assist in the identification of services in which potential consolidation/integration might be advantageous.

2. Maintain only one of the two facilities which after a detailed review is not a viable alternative.

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

See detailed Narrative

The objective of the Enhanced Use Lease is to divest the Quarters no longer needed and address the Cincinnati parking deficit. Through a Trust Fund established with the proceeds from leasing the quarters through an EU with the City of Ft Thomas we will lease parking spaces from the Cincinnati Zoo. They are building a parking structure in which we will have leased spaces.

The Cincinnati medical center was built in 1950 as an inpatient facility with limited parking. It is landlocked with a residential area to the west and the University of Cincinnati to the east.

The Medical Center owns 832 parking spaces, including all handicapped spaces. It also owns 150 spaces in a University of Cincinnati (UC) parking garage obtained when land was negotiated with UC to build the structure. This yields a total of 982 owned parking spaces. The medical center also leases another 200 sparking spaces from UC, and 60 from the Cincinnati Zoo, thus yielding 260 leased parking spaces. In total, there are 1,242 total controlled spaces. The required parking spaces per VACO Parking Demand methodology are 1,429. Therefore, even with the contractual arrangements there is a parking deficit of 447 spaces using the 2001 patient workload at the hospital.

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	15,303	1,838	13,287	(178)	266	-	-	-	-	-	13,021	$ 57,434,863
Surgery	8,462	1,278	6,602	(582)	595	-	-	-	-	-	6,007	$ 78,599,865
Intermediate/NHCU	28,117	-	28,117	-	4,499	-	-	-	-	-	23,618	$ -
Psychiatry	12,760	172	12,459	(129)	5,561	-	-	-	-	-	6,898	$ 31,622,065
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	20,735	-	20,735	-	-	-	-	-	-	-	20,735	$ (1,898,663)
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**85,377**	**3,288**	**81,200**	**(889)**	**10,921**	**-**	**-**	**-**	**-**	**-**	**70,279**	**$ 165,758,130**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	122,441	41,663	115,125	34,347	15,000	-	-	-	-	-	100,125	$ 26,375,711
Specialty Care	126,904	32,809	112,990	18,895	4,520	-	-	-	-	-	108,470	$ 32,209,722
Mental Health	123,085	1,404	120,915	(766)	-	-	-	-	-	-	120,915	$ 9,215,642
Ancillary & Diagnostics	167,032	66,285	167,032	66,286	74,000	-	-	-	-	-	93,032	$ 16,276,448
Total	**539,461**	**142,161**	**516,062**	**118,762**	**93,520**	**-**	**-**	**-**	**-**	**-**	**422,542**	**$ 84,077,523**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	35,545	9,915	30,860	5,230	25,630	-	-	-	-	-	25,630	(5,230)
Surgery	17,249	4,232	13,456	439	13,017	-	-	-	-	-	13,017	(439)
Intermediate Care/NHCU	24,600	-	24,600	-	24,600	-	-	-	-	-	24,600	-
Psychiatry	20,673	11,738	11,175	2,240	8,935	-	-	-	-	-	8,935	(2,240)
PRRTP	-	(11,025)	-	(11,025)	11,025	-	-	-	-	-	11,025	11,025
Domiciliary program	22,520	-	22,520	-	22,520	-	-	-	-	-	22,520	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**120,587**	**14,860**	**102,611**	**(3,116)**	**105,727**	**-**	**-**	**-**	**-**	**-**	**105,727**	**3,116**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	69,791	34,894	60,075	25,178	34,897	-	11,140	-	5,000	-	51,037	(9,038)
Specialty Care	134,012	49,956	119,317	35,261	84,056	-	23,000	-	4,000	-	111,056	(8,261)
Mental Health	60,250	10,213	66,503	16,466	50,037	11,025	-	-	-	-	61,062	(5,441)
Ancillary and Diagnostics	99,601	52,391	62,331	15,121	47,210	-	-	-	-	-	47,210	(15,121)
Total	**363,654**	**147,454**	**308,226**	**92,026**	**216,200**	**11,025**	**34,140**	**-**	**9,000**	**-**	**270,365**	**(37,861)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(39,495)	207,030	167,535	39,495	-	142,000	-	-	-	181,495	(25,535)
Administrative	251,393	79,192	296,576	124,375	172,201	-	-	-	67,000	-	239,201	(57,375)
Other	73,747	-	3,942	(69,805)	73,747	-	-	-	-	-	73,747	69,805
Total	**325,140**	**39,697**	**507,548**	**222,105**	**285,443**	**-**	**142,000**	**-**	**67,000**	**-**	**494,443**	**(13,105)**

4. Facility Level Information – Dayton

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

See detailed Narrative*

Dayton VA Medical Center - provides a continuum of care which encompasses all levels of acute, including nursing home and domiciliary care. A very active ambulatory care program is provided through a variety of clinics including a primary care program designed to assure that we offer an atmosphere of friendly, personal and individualized patient care. Community Based Outpatient Clinics are located in Lima, Middletown, Richmond and Springfield. A complete array of diagnostic, rehabilitative and therapeutic programs and services are offered using state of the art technology to treat the total patient and assure the veteran continuity of care. The Dayton VAMC is the third oldest VA medical Center in the country, having accepted its first patient in 1867. The Medical Center sits on a 382- acre tract of land (including a national cemetery). A modern replacement hospital was activated in June 1992.

The alternatives considered were:

1. Maintaining both facilities but consolidating services/integrating facilities was our primary objective and numerous teams have been put together within the market and VISN to look at various ways to integrate services.

After a thorough review of the missions, a Clinical Inventory was completed to assist in the identification of services in which potential consolidation/integration might be advantageous.

2. Maintain only one of the two facilities which after a detailed review is not a viable alternative.

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

The Dayton VAMC staff has on-going meetings with Wright-Patterson Air Force Base Medical Center to explore opportunities for mutual support and cooperation. At present, the Dayton facility has a sharing agreement addressing reciprocal coverage for Cardiac Catheterization, GI, Radiation Therapy, Inpatient Psychiatry for active duty military, as well as Audiology Services. The cost of this sharing agreement is shared by both facilities (VA/DOD).

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

In the Western Market, VHA and NCA have also been actively pursuing collaborative opportunitites. Currently, a National Cemetery is located on the Dayton VAMC Campus, which has been collocated since 1867. Within the last four years, the Dayton VAMC has provided an additional 10 acres of vacant land to NCA, which has allowed the NCA to continue to accept Veterans for burial. Currently, the medical center provides administrative support to NCA, which includes Fiscal, Human Resource and Engineering support.

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN										
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**	
Medicine	16,306	4,073	13,309	1,076	134	-	-	-	-	-	13,175	$	71,037,481
Surgery	5,324	(478)	3,774	(2,028)	76	-	-	-	-	-	3,698	$	55,761,945
Intermediate/NHCU	130,185	-	130,185	-	28,641	-	-	-	-	-	101,544	$	-
Psychiatry	10,332	1,784	9,921	1,373	-	-	-	-	-	-	9,921	$	2,731,081
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$	-
Domiciliary	37,619	-	37,619	-	-	-	-	-	-	-	37,619	$	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$	-
Total	**199,766**	**5,379**	**194,808**	**421**	**28,851**	**-**	**-**	**-**	**-**	**-**	**165,957**	**$**	**129,530,507**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**										
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**	
Primary Care	133,645	35,483	129,987	31,825	15,000	-	-	-	-	-	114,987	$	9,918,881
Specialty Care	121,807	44,663	110,686	33,543	13,428	-	-	-	-	-	97,258	$	34,589,054
Mental Health	63,355	342	61,819	(1,194)	-	-	-	-	-	-	61,819	$	1,623,716
Ancillary & Diagnostics	146,883	60,072	146,883	60,072	37,000	-	-	-	-	-	109,883	$	(350,294)
Total	**465,689**	**140,560**	**449,375**	**124,246**	**65,428**	**-**	**-**	**-**	**-**	**-**	**383,947**	**$**	**45,781,357**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	48,752	18,034	39,788	9,070	30,718	4,000	-	-	-	-	34,718	(5,070)
Surgery	11,115	(11,238)	7,877	(14,476)	22,353	-	-	-	-	-	22,353	14,476
Intermediate Care/NHCU	139,059	-	139,059	-	139,059	-	-	-	-	-	139,059	-
Psychiatry	16,739	3,711	16,072	3,044	13,028	-	-	-	-	-	13,028	(3,044)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	44,859	-	44,859	-	44,859	-	-	-	-	-	44,859	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**260,525**	**10,508**	**247,655**	**(2,362)**	**250,017**	**4,000**	**-**	**-**	**-**	**-**	**254,017**	**6,362**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	79,987	36,433	72,442	28,888	43,554	8,897	10,000	-	2,000	-	64,451	(7,991)
Specialty Care	163,709	80,375	136,161	52,827	83,334	9,901	20,000	-	2,000	-	115,235	(20,926)
Mental Health	34,497	6,612	34,000	6,115	27,885	5,000	-	-	-	-	32,885	(1,115)
Ancillary and Diagnostics	126,672	53,729	96,697	23,754	72,943	-	-	-	-	-	72,943	(23,754)
Total	**404,864**	**177,148**	**339,300**	**111,584**	**227,716**	**23,798**	**30,000**	**-**	**4,000**	**-**	**285,514**	**(53,786)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(14,473)	15,738	1,265	14,473	-	-	-	-	-	14,473	(1,265)
Administrative	462,306	126,656	397,217	61,567	335,650	-	-	-	-	-	335,650	(61,567)
Other	44,694	-	44,694	-	44,694	-	-	-	-	-	44,694	-
Total	**507,000**	**112,183**	**457,649**	**62,832**	**394,817**	**-**	**-**	**-**	**-**	**-**	**394,817**	**(62,832)**

5. Facility Level Information – Dry Ridge

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	3,658	3,658	-	-	-	-	-	-	3,658	$ (11,431,879)
Specialty Care	-	-	2,573	2,573	-	-	-	-	-	-	2,573	$ (9,023,147)
Mental Health	-	-	1,085	1,085	-	-	-	-	-	-	1,085	$ (1,630,816)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**7,316**	**7,316**	**-**	**-**	**-**	**-**	**-**	**-**	**7,316**	**$ (22,085,842)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	2,195	2,195	-	-	-	-	1,800	-	1,800	(395)
Specialty Care	-	-	2,830	2,830	-	-	-	-	2,225	-	2,225	(605)
Mental Health	-	-	597	597	-	-	-	-	500	-	500	(97)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**5,622**	**5,622**	**-**	**-**	**-**	**-**	**4,525**	**-**	**4,525**	**(1,097)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	2,699	2,699	-	-	-	-	2,557	-	2,557	(142)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**2,699**	**2,699**	**-**	**-**	**-**	**-**	**2,557**	**-**	**2,557**	**(142)**

6. Facility Level Information – Fairfield Hamilton

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

Fairfield Hamilton is a CBOC which does not require a proximity narrative.

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	3,658	3,658	-	-	-	-	-	-	3,658	$ (11,431,879)
Specialty Care	-	-	14,573	14,573	-	-	-	-	-	-	14,573	$ (46,246,287)
Mental Health	-	-	1,085	1,085	-	-	-	-	-	-	1,085	$ (1,630,816)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**19,316**	**19,316**	**-**	**-**	**-**	**-**	**-**	**-**	**19,316**	**$ (59,308,982)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	2,195	2,195	-	-	-	-	1,800	-	1,800	(395)
Specialty Care	-	-	16,030	16,030	-	-	-	-	13,225	-	13,225	(2,805)
Mental Health	-	-	597	597	-	-	-	-	500	-	500	(97)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**18,822**	**18,822**	**-**	**-**	**-**	**-**	**15,525**	**-**	**15,525**	**(3,297)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	9,035	9,035	-	-	-	-	8,993	-	8,993	(42)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**9,035**	**9,035**	**-**	**-**	**-**	**-**	**8,993**	**-**	**8,993**	**(42)**

7. Facility Level Information – Marion

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	-	-	-	-	-	-	-	-	-	$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**$ -**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	3,658	3,658	-	-	-	-	-	-	3,658	$ (9,947,349)
Specialty Care	-	-	2,553	2,553	-	-	-	-	-	-	2,553	$ (9,826,831)
Mental Health	-	-	1,536	1,536	-	-	-	-	-	-	1,536	$ (1,992,902)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**7,747**	**7,747**	**-**	**-**	**-**	**-**	**-**	**-**	**7,747**	**$ (21,767,082)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)											
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance fr 2001**								**Space Needed/ Moved to Vacant**
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	Space (GSF) (from demand projections)											
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance fr 2001**								**Space Needed/ Moved to Vacant**
Primary Care	-	-	2,305	2,305	-	-	-	-	1,800	-	1,800	(505)
Specialty Care	-	-	3,574	3,574	-	-	-	-	2,843	-	2,843	(731)
Mental Health	-	-	845	845	-	-	-	-	650	-	650	(195)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**6,724**	**6,724**	**-**	**-**	**-**	**-**	**5,293**	**-**	**5,293**	**(1,431)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance fr 2001**								**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	4,572	4,572	-	-	-	-	4,275	-	4,275	(297)
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**4,572**	**4,572**	**-**	**-**	**-**	**-**	**4,275**	**-**	**4,275**	**(297)**